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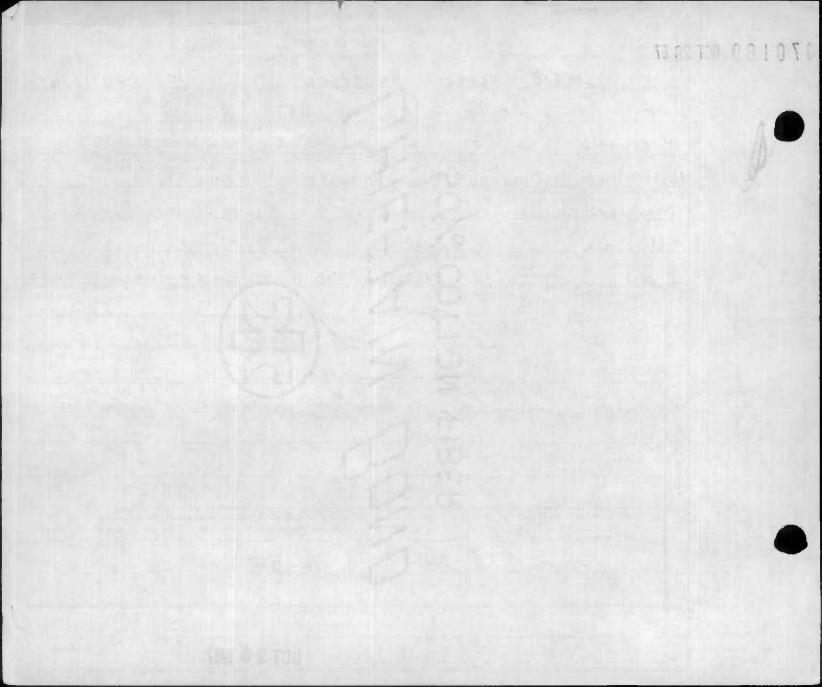
DHMH 16 60M 7 84 (VRA 15, 4)

070169

FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DO RTEGISTRAR		CERTIFICATE OF DEATH	REG. NO	
1 DECEASED NAME FIRS	MIDDLE	LAST	20 DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
	TIE ALICE	ANDERSON		O 21 1987 9:30 PM
3 SEX	4 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	DAY) IF SIDER YEAR I SER IN
on the	CAUC.	2 15 18	97 90	YRS
To BIRTHPLACE TATE OF FOREIG		MARRIED NEVER MARRIE	BALTIMORE CITY OR	
MARYLAND	U.S.A.	WIDOWED DIVORCE	1 1 1 1 1 C 1 1 1 A 3/-	STON MD
HAGERSTOWN	(IF NOT IN SUCH FACILITY GIVE STR	SING HOME OR OTHER INSTITUTION REPLADORESS!	120 USUAL OCCUPATION	WORKING LIFE) INDUSTRY
130 STATE 13b	DME OR OTHER INSTITUTION GIVE RESIDENCE BEACTORY  131 CITY OR TO			PIP CODE alence
14 FATHER'S NAME FIRST	MIDDLE LA I	15 MOTHER'S MAID  FIR T  Lillia.	MIDDLE	Lores
160 WAS DECEASED EVER IN U	S ARMED FORCES? 166 SOCIAL SE	4-0337 Edwin	A. Anderson	1209 Sater Ho
PART I DEATH WAS C	tei only one cause per line far ol. b. AUSED BY EDIATE CAUSE (a)	usi ,	114	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 Clary
Conditions, if any, while gave rise to immedia cause to stating to underlying cause la	ch (b) Waste de he DUE TO, OR AS A CONSEC	OUENCE OF	r Leo lier	7 days
PART 2 OTHER SIGNIFIC  PART 2 OTHER SIGNIFIC  PART 2 OTHER SIGNIFIC  PART 2 OTHER SIGNIFIC  PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING TO	ODEATH BUT NOT RELATED TO THE MENTER TO THE MENTER THE	controllers 200 AUTOPSY?	TION GIVEN IN PART 1 ::
OR CONTRIBUTING CAUSE  OF EITHER NOTIFY MEDICAL EX  21d INJURY OCCURRED  WHILE NOT WHILE I	OF DEATH AMINER HOUR A.M MONTH P.M  21e PLACE OF INJURY 1 AT HOME STREET FACTORY OFFICE	DAY YEAR 19 211 LOCATION	OCCURRED LENTER NATING OF INJURY	
saw the deceased all	hospitali attended the deceased from	DEGREE		e and hour and from the causes stated  22c DATE SIGNED
22d PHYSICIAN'S NAME	TYPE OR PRINTS	ATTEND PHYSIC 27e ADDRESS		
burial CREMATION, REMO		Rose Hill Cemeter	(ITY OR LOWN	, Wash., Maryland
115.645	NNICH FUNERAL HOM Blvd., Hagerstown		OCT 2 8 1987	B REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN 2b HOUR OF CU BALLOW Myrtle C. R FILES. HOURS STREET, 302M DEATH MATED 198 SARY, PLEASE AL DIRECTOR YOUR FILES. 4 RACE DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR IE UNDER 24 HRS DATE 2d. HOUR 745 LAST BIRTHDAY) PRONOUNCED Female Whate November 21 1894 92YRS DEAD 195 PM 76 CITIZEN OF WHAT COUNTRY? TO RIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U. S. A. Washington New York DIVORCED PAGE 5 F 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY BOX 134 FOR MOST OF WORKING LIFE! Middletown Clerical Government USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13d INSIDE CITY LIMITS 13e STREET ADDRES BOX 134 Middletown 21769 Washington Maryland NO P 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Chockley Julia Hunter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 1 Box 134 No 578-52-7783 Middletown Edward B. Ballow 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under DUF TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION STREET FACTORY FARM ETC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK DIRECTOR: WITH THE S 220 I certify that I took charge of the remains described above, held on EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FOI TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 3 and in my apinion death resulted from Accident Hamicide Undetermined manner TITLE (SPECIFY) SIGNED 10/11/87 230 BURIAL, CREMATION, REMOVAL 1012-87 Smithsburg Crematory Smithsburg, Wash. Co., Md. Cremation BP 24 FUNERAL DIRECTOR John H. Bast, Jr. **DHMH** - 17 (VR A15 ME (5)) Bast Funeral Home, Boonsboro, Md. 15M 7/77

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ч	OF	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	5			
		CEASED NAME OR PRINT! AR	FIRST math	a	irgini	la Bur	phart	20	DATE OF DEATH	MONTH D.	5 87	26 HO	JR M
	3 SEX	Female		RACE	cision	5 DATE C		6	AGE (IN YEARS LAST BIR	YRS	IF LINDER YEAR	IF LINDE HOUR'S	R 24 HRS MIN
7	(	RITHPLACE (STATE OR F OUNTRY) Iryland	OREIGN 7	USA	WHAT COUN	MARRIEI WIDOWE	D NEVER MARRIED		Washingt	_	OF DEATH		MD
1	H	agerstons		Cotton L	HEACILITY, GIVE	STREET ADDRESS)	or other institution		usual occupation was to meat wr	F WORKING LIFE	12b KIND C INDUSTRY	F BUSIN	VESS OR
1	13a S Ma	ryland	136 COUN	ngton	13t. CITY OR		13d INSIDE CITY LIMITS		street address 25 Winte	r St.	217	40	
1		THER'S NAME EIRST Harlan (AS DECEASED EVER	W	IDDLE	Smit		IS MOTHER'S MAIDEN Barba 17 INFORMANT 9	ıra	**Stnut AVE	SS //20	Lew 2-2093		1 3
		ES NO OR UNKNOWN)		WAR OR DATES	215-11	1-2171	Robert G.				sboro,	Md	•
		18 CAUSE OF DEATH PART I DEATH W	AS CAUSED	one couse per BY CAUSE (o)	line for (o), (i		rdiac a	ir	21-		BETWEEN	mate int Onset an	ERVAL ID DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  Conditions of the course lost   Conditions of the course lost											
	TION						NOT RELATED TO THE T						
1	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATIO	n was performed		200 AUTOPSY? YES NO		WERE FINDIT		ATH?
,	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	Р.	m Month M.	DAY YEAR	21¢ HOW INJURY OC	CURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18 PA	(RT   OR PART 2)		
	MED	21d INJURY OCCURE	nt 🗇	21e PLACE		FFICE FARM ETC )	211 LOCATION STREET		CITY OR TO		COUNTY		STATE
		220 1 certify that (1) saw the decease above, (1) (we) (c				.19 or	nd that in (my) (our) opin		. to th occurred on the do			couses	stated
		276 SIGNATURE		C	0.04.	el c	DEGREE ATTENDIN PHYSICIA		MEDICAL STAI		19/15	181	
		ABDUL	WAY	PRINTI	ou)		1610 O	AK F	HILL AVE.	HACIR	ERTOWN	1. N	19
	- 0	urial, cremation, specify) urial		23b DATE Oct.17	-	Rest Ha	emetery or cremator ven Cemeter	rу	23d LOCATION CITY OF TOWN Hagerstow			-	and
		NERAL DIRECTOR  NAME  15 E. Wils		CH FUN	AUU	ME 22		DATE RE	1 9 1987	7000	PAR'S SIGNAT		A.,

415 E. Wilson Blvd., Hagerstown, Md. 21740

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP. DHMH=16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN The

etoined by the hospital or

should be detached for use as the bunal-transit permit. Then please remove that the State Dept. of Health and Mental Hygiene prior to burial. crimal IMPORTANT: If them 21 is marked at them 18 shows any injury, or other transition.

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		1 05			MIDDLE				REG INO.		T:
m -5			CEASED NAME FIRST		MIDDLE	,	AST	2a DATE OF DE	AIH MONTH	OAY YEAR	26 HOUR
oge 3			Gorman	n B	ryan	BE	TTS	Octol	per 24,	1987	J .W
DE DO		3 SE)		4 RACE		5 DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER , I HRS
ector ors of		/	male	whi	.te	Janua	ry 23, 1898		89 YR		HCCIRC MIN
Po Po	8 L		RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE	NEVER MARRIED	9 BALTIMORE	CITY OR COUN	NTY OF DEATH	
Jeoth 727	5-	M	aryland	U.S.	Α.	WIDOWE		5	Washing	ton	MD
x e le	and you	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCC		176 KIND C	OF BUSINESS OR
tiled t	to C	L.	gerstown	300	West Howa	ard St	reet		metal w		ircraft
filled in nould be	must be	13a S	RESIDENCE IF NURSING HOME OF TATE  Tyland  Wash		13c CITY OR TOWN Hagerst	N	13d Inside City Limits: Yes 🔼 NO 🗌	300 W	RESS / ZIP CO	ode ard Stree	21740 et
2 style	of le	14 FA	THER'S NAME	WIOOFE	LAST		15 MOTHER'S MAIDEN				
w balde	XQX/		Josiah	WIOOTE	Betts		Annie		ryer	Unkr	nown
s co	0		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	200	ADDRESS	Office	10 W.I.
Poge .	med	()	ES NO OR UNKNOWN) (IF YES, GTV	/E WAR OR DATES)	214-09-4	971	Mrs. Mary	R. Betts,	Hagers	town, Mai	ryland
sicio pers	å l		18 CAUSE OF DEATH (Enter or	nly one couse per	line for (o), (b) one	dicili	^				IMATE INTERVAL ONSET AND DEATH
phy mov	vent		PART I DEATH WAS CAUSE	D BY TE CAUSE (0)	()	rgo.	vic tro	in Lyno	b-one	5	600-6
eri orbo	a pic e		IMMEDIA		2 15 1 501 55015			V			1
men men on.	5		Conditions, if any, which	DUE TO, O	RAS A COUSEQUE	NCE OF	sclerosis				
he d he d mot	- t-0		gove rise to immediate couse (0), stating the								
by the	othe		underlying couse lost	DUE TO, O	R AS A CONSEQUE	NCE OF					
pleo pleo	ō		PART 2 OTHER SIGNIFICANT (	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT PELATED TO THE TE	DAAINIAI DISEASE O	B CONDITION	CIVENTINI DADT 1-	
guir sign sign sign	njury V	NO	TAKE TO THE ROJOTALICATOR	<u> </u>	DIVINIDO FILVO TO D	DEATH BOT	NOT KEENTED TO THE TE	KMINAL DISEASE O	CONDITION	GIVEN IN PART IN	
mit Drior	yng	ATI	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS		YES, WERE FINDIN	
he lo on hos t per	SMO	ERTIFICATION						YES N	O IN CER	RTIFYING CAUSES YES []	OF DEATH?
N T N T N S S S S S S S S S S S S S S S	80 / 3	CER	210 ACCIDENT WAS UNDERLYING		FINJURY M MONTH DA	V VEAD	21c HOW INJURY OCC	URRED LENTER NATURE	OF INJURY IN ITEM	18 PART OR PART.	
ICIA 3 pt 9 pt errif 101-t	E	AL	OR CONTRIBUTING CAUSE OF DEA	4111		19					
HYS Iding	50	MEDICAL	216 INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION		TY OR TOWN	OUNTY	HAIE
G Pure of the sthe	ked	¥	AT WORK NOT WHILE AT WORK	(AT HOME STE	REET FACTORY OFFICE FA	ARM ETC.)	STREET CO		IY OR TOWN	-CA -	TAIL
O Se	e E		22a I certify that (I) (this hospi	tol) offended th	e deceased from L	4	0 19 6	bO to	102	9190	that (Ir (we) lost
TTEN Sitel	21 15		saw the deceased alive on above, (I) (we) (did) (did) and	7117	19 2	on	d that in (my) (our) opini	on death occurred o	the date and		
P A P Hosp	E		276 SGNATURE	view the body	offer death.	(	DEGREE			22c DATE	SIGNED /
the the polytre	=		Lacley		1	10	ATTENDING PHYSICIAN		STAFF	10	126/07
by by be doed stook	Z		174 PHYSICIAN'S NAME LITTE O	OR PRINT)		V	22e ADDRESS	y since on a		, , ,	10000
O HOSP	IMPORT		1825 Ho.	rell	Rel		Hegers.	town.	ho	217	MA
5 # 5 # 3 E	2		urial, cremation, removal	236 DATE	23c N	AME OF C	EMETERY OR CREMATOR	23d LOCATIO	N		
BP		(	burial	Oct. 2	7,1987 Ro	se Hi	11 Cemetery	T D Hager	stown,	Wash., Ma	aryland
DHMH 16 60M 7	7/84	24 FL	NERAL DIRECTOR MINI	NICH FUN	ERAL HOME		75a. C	ATE REC'D. BY REG	STRAR 256 REC	SISTRAR & SIGNAT	URE
(VRA 15, 4)		41	5 East Wilson	Blvd.,Ha	gerstown,	Mary	Land 2174001	CT 2. 8 100	7 19.16	- Junior	Charles .

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BP DHMH 16 50M 4/83

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7	30	FOR STATE GISTRAR		DEPART		EALTH AND	MENTAL HYG	GIENE			246	
1		EASED NAME FIRST		MIDDIE		AST		I 20 DATI	REG. N	MONTH	DAY YEAR	2b HOUR
1		OR PRINT)						Zu DAII	Octobe			5:45 A.
ŀ	2.054	GERTIE		ARL	BOW MA			4 ACE	(IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
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4	2 015	FEMALE	WHITE		UCTO	BER ZD	, 1898	O DAIY	88	YRS	V OF DEATH	
	8	RIHPLACE (STATE OR FOREIGN QUINTRY)	16 CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVE	MARRIED -	y BALII	MORE CITY	DK COON!	TOFDEATH	
4		ARYLAND	U.S./	1.	WIDOWE		DIVORCED []		SHINGT		UNTY	MD
7	10 CII	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACHITY, GIVE STREET	ADDRESS)		STITUTION		VORK FOR MOST			F BUSINESS OR
1		AGERSTOWN		an Nursi		ie		HOM	<b>IEMAKER</b>		HOME	
5	130 S	ARYLAND WASHI	1TY	HAGERSTO	M	YES 🔀	NO []	710	ET ADDRESS	ZIP COD	^	ET
4	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHE	R'S MAIDEN NA	ME	WIDDLE		LA51	
	,	JAMES CLI	NTON	BOWMAN			NIE		MAE		SCADEEN	
	16a W	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO	17 INFORA			ADDR			
1		(AS DECEASED EVER IN U.S. AR S NO OR UNKNOWN) (IF YES GIV		217-10-2	870	FRAN	CES M.	RANDE	LL SAM	E AS	13	
ı		18 CAUSE OF DEATH Enter on		line for (a), (b), or	nd IC						APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
J		PART I DEATH WAS CAUSE	E CAUSE (o)	ARTERIOSC	LEROT	IC CAF	DIOVASC	ULAR	DISEAS	E	MANY	YEARS
		Conditions, if ony, which		R AS A CONSEQU			/ASCULAR	018	EASE		MANY	YEARS
		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O	r as a consequ	ence of							
	N O	PART 2 OTHER SIGNIFICANT (	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	MINAL DIS	EASE OR CON	IDITION G	IVEN IN PART ITO	
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERI	ORMED	20a A	NO X		ES, WERE FINDIN IFYING CAUSES 'ES []	
		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 1		AY YEAR	21c HOW	INJURY OCCUR	RED (ENTI	ER NATURE OF INTE	JRY IN ITEM 18	PART OR PART 2)	
1	ICA	(IF ETTHER NOTIFY MEDICAL EXAMINER		M.	19	100 100	1011					
	MEDICAL	21d INJURY OCCURRED  WHITE NOT WHITE		OF INJURY REET FACTORY OFFICE	FARM ETC )	211 LOCA STR	ET		CITY OR 1	DWN	COUNTY	TATE
1		22a I certify that (1) (t)	A01)		JULY 2	8	10 83		OCTOBER	14	10 87	h-a -1: 6 <b>%</b> -14
١		sow the deceased alive on above, (1) the Add (did no	OCTOBE	R 12		nd that in (m	y) (XX opinion				or and from the	that (I) ( <b>W</b> ) last
		obove, (I) Me AMM (did no 22b. SIGNATURE	t) view the body	after death.		DEGREE					220 DATE	
		0	10	11 -		DEOREE	ATTENDING _	MEDIC				
H		22d PHYSICIAN'S NAME TTYPE O	U:W?	H D III	7	122e ADDR	PHYSICIAN (					14, 1987
				M D		1226 ADDR	2017 11		NASHING	-		
-	***	EDWARD W. DIT		, M.D.	NAME OF S	5.11575011.0			N, MARY	PLAND	21/40	
	. (	URIAL, CREMATION, REMOVAL SPECHY) BURIAL	10-16	-87	CEDAR	LAWN I		. Н.	AGERST			STATE
	0	INERAL DIRECTOR	305	N. POTOI		REET	250 DA	TE REC'D.	9 1987	256 REGIS	STRAR'S SIGNAT	URE
	UΕ	RALD N. MINNICH	HAG	ERSTOWN	MARYL	AND		011	9 1987	Julia	Dividen.	Pendage

ANTEATONGEROTIS DARRIOVARGILLAN DIREAGE MANY VEARS

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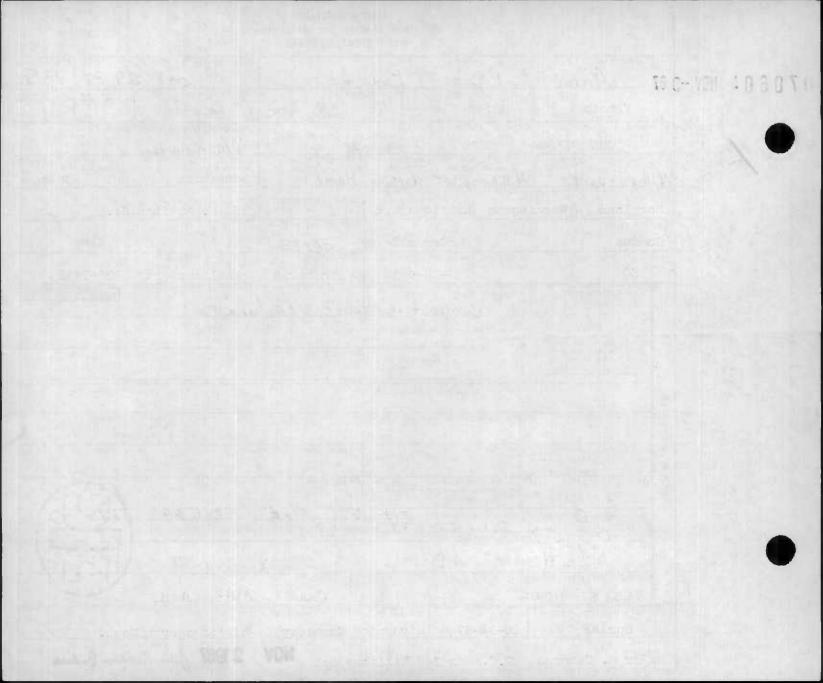
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SI KARUTEO<sup>NXANK</sup>

S Y JULY

TRANSPORTER TARRESTOR STREET, IN

WELLS OF ALVENDER, MOTERATOR



## STATE OF MARYLAND

FOR STATE

erol director page 3

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-		REGISTRAR				CERTII	ICATE OF DEATH		REG NO				
J١	10	DE ED ED NAME FIRST			MIDDLE	i	AST	2a DATE OF	DEATH MONTH	DAY YEA	DAY YEAR 26 HOUR		
	(TYPE	OR PRINT)	Myrt1	e E	stell	BUO	NOCORE	Octob	er 30,	1987	4	1.00 P M	
	3. SE>	(		4 RACE		5 DATE C		6 AGE (IN YE	ARS LAST BIRTHDAY)			INCER JHR	
		female		whit	е	Octo	ber 15, 1910		77 <sub>Y</sub>	RS MC. H.	A+1 HC	MIN	
4	7a. 81	RTHPLACE THATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMOR	E CITY OR COL	INTY OF DEATH	4		
اامر	No	orth Caro		U.S.		WIDOWE	DIVORCED	N W	lashingt	on		MD	
)		ry or town of i		(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET A North Pro-	ADDRESS)	Street		CCUPATION FOR MOST OF WORKI Wife			JSINESS OR	
1	13a S	AL RESIDENCE (IF N TATE Cyland	136 COUN		GIVE RESIDENCE BEFORE 130 CITY OR TOWN Hagerston	N	13d. INSIDE CITY LIMITS? YES NO	7 East	DDRESS / ZIP ( Washin	CODE gton St	reet	21740	
1	14 FA	THER'S NAME Will		MIDDLE	Gaskins		15 MOTHER'S MAIDEN N Maude	IAMÉ	MIDDLE		LAST		
		VAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT		ADDRESS				
	(,	no	(IF TES GIV	E WAR OR DATES	240-12-7	599	Mr. James E	vans, Ha	gerstow	n, Mary	land		
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last  CONSTRUCTOR AS A CONSEQUENCE OF UNDERLOAD VASCOLAR DISE  DUE TO, OR AS A CONSEQUENCE OF CARDIO VASCOLAR DISE  DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF CARDIO VASCOLAR DISE  OUE TO, OR AS A CONSEQUENCE OF CO											INTERVAL I AND DEATH	
	-,	PART 2 OTHER S	IGNIFICANT C	ONDITIONS C	ONTRIBUTING TO D		NOT RELATED TO THE TER			GIVEN IN PAR	T 1 (a		
	é				NONE.								
1	CERTIFICATION	190 DATE OF OPE	187.		ROMARY	OPERATIO HE	NWAS PERFORMED	SE YES [		FYES, WERE FIN ERTIFYING CAU YES []	SES OF		
1	MEDICAL CE	210 ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY N	CAUSE OF DEA	HOUR A	M. MONTH DA	Y YEAR	21c HOW INJURY OCCU	N/M	URE OF INJURY IN ITER	w 18 PART - DEPART	2		
	MED	21d INJURY OCC	WHILE WORK	21e PLACE (AT HOME ST	OF INJURY	ARM ETC )	211 LOCATION	NIA	CUTY OR TOWN	YIMIY		1.416	
		saw the dece	eased alive on		he deceased from	79.01	nd that in (my) (our) opinio	n death occurred	on the date and	haur and Iram		II (we) last es stated	
	,	226 SIGNATURE	Ms	nafi.			DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c D	2/	P7.	
		Lange Lange	2	SUF	M.D. P.	A.	368 Hill	st. N	ESEPS	town	He	1 3174	
		URIAL, CREMATIO		Novemb	er 3,1987		t Haven Ceme	CITY O	MANOT BE	. Wash	. Ma	ryland	
	24 FU	INERAL DIRECTOR			ERAL HOME	1100		ATE REC'D. BY RE					
		⇔ A AAF	TITIANA		ADDRESS	Marv	land 21740 N		. 1	dia Divida		ndale	
				, ,	0			~ 4 ~ 7	1001 [ ()				

DHMH = 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT. If Item 21 is marked or Item 18 shows any injury, or other traumotic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

07601010-557

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO I DECEASED NAME LAST 7a DATE OF DEATH DAY YEAR 2h HOUR TYPE OR PRINT) 35 William Camphell 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Male Black YRS Je BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md. WIDOWED DIVORCED M Washington MD ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hagerstown Washington County Hospita etired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13h COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Md. Wash. Hagerstown YES X NO [ Sumans Avenue. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST MIDDLE FIRST MIDDLE Stribiling Theodore Campbell ora 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) 220-18-329 scoe Charles APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I DEATH WAS CAUSED BY 10urs IMMEDIATE CAUSE 10 Canditians, if any, which gave rise to immediate cause ia-, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES [ NO [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR AM MONTH DAY YEAR MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) PM 71d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a I certify that (I) (this hospital) attended the deceased fram sow the declared alive an and that in (my) (our) opinion death accurred an the date and haur and fram the causes stated about 11 had today (did not) view the bady after death 776 STGNAPURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME TYPE 22e ADDRESS Charles C. Spencer M.D. 1198 Kenly Avenue Hagerstown, MD 21740 23a BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Burial Hill Cem. Hagerstown Wash.

DHMH-16 25M

FUNERAL E

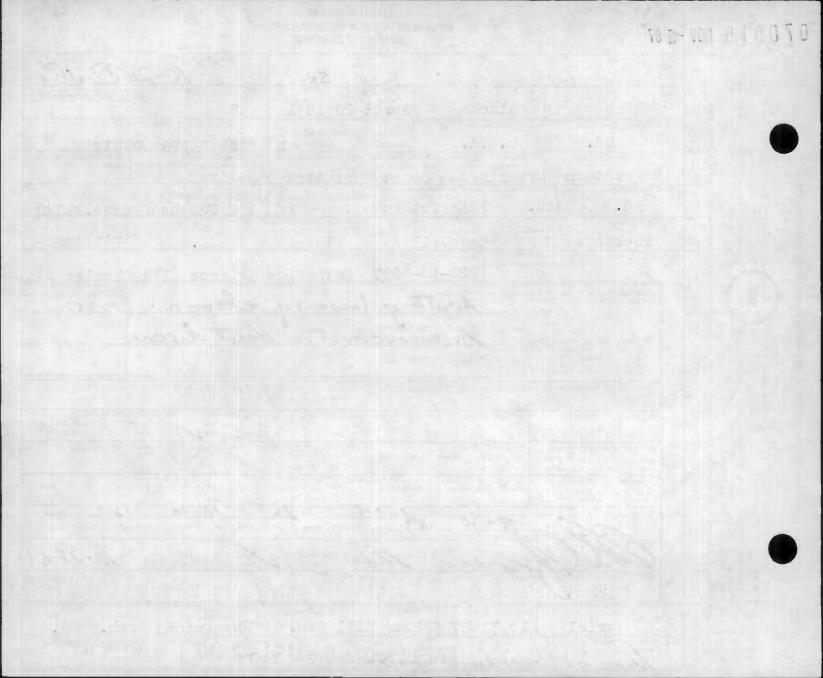
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(VRA 15, 4) 1/79

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24 FUNERAL DIRECTOR

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S



BP.

DHMH 16 60M 7 84 (VRA 15, 4)

FOR STATE REGISTRAR

I DECEASED NAME

TYPE OR PRINT)

FIRST

# STATE OF MARYLAND

LAST

Lane

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

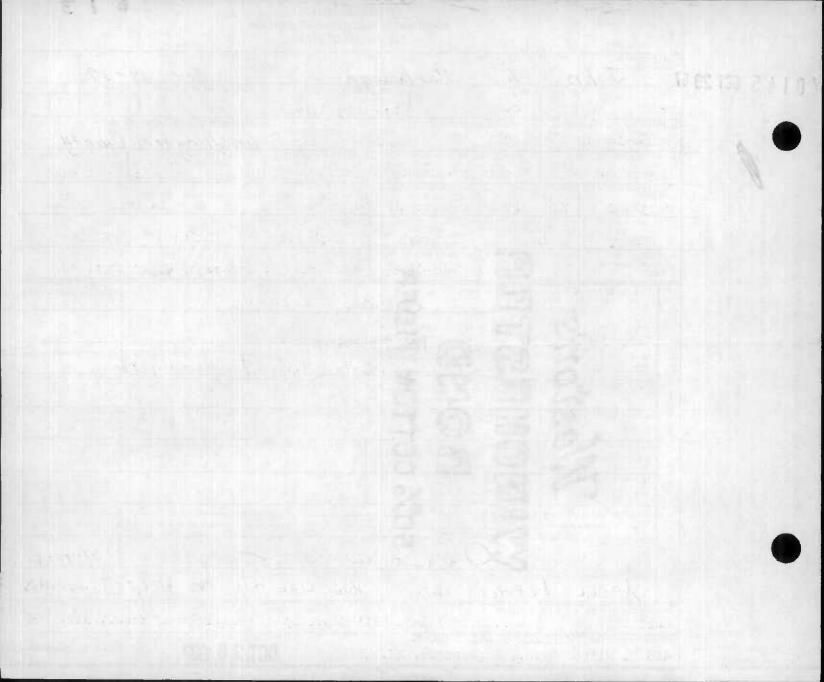
REG NO

MONIH

26 HOUR

20 DATE OF DEATH

TYPE	Joh.	n	6.	Cark	Xill	ah .	Oct.	19	7-87		M
SEX			4 RACE		DATE	BIRTH	6 AGE (IN YEARS LAST BIRTHDA	Υ)	IF UNDER YEAR	HOURS.	/4 HRS
ma	le		white			cuary 4,1917	70	YRS		HOURS	MIN
C	RTHPLACE . MATEORF OUNTRY) nnsylvania		TE CITIZEN OF V	WHAT COUNTRY?		NEVER MARRIED	BALTIMORE CITY OR CO	OUNTY	OF DEATH	tu	MD
	TY OR TOWN OF DEA	тн	LIE NIOT IN CUE		HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO  freight condu			road	SSOR
USUA 130 S	L RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION		DMISSION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZII 811 Georg:	P CODE		21740	
4 FA	THER'S NAME FIRST Harry		WIDDLE	Carbaugl	n	15 MOTHER'S MAIDEN NA/ Catherine	Edith		Stor		
( 4	/AS DECEASED EVER ES_NO OR UNKNOWN]		WED FORCES?	166 SOCIAL SECURI 219-05-23		Katherine I.	ADDRESS Carbaugh, Ha	ager	stown,	Md.	
	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	ly one cause per D BY E C AUSE (a)	line for (a), (b), and (	× a	liae arr	2/_		APPROX BETWEEN	MATE INTER ONSET AND	DEATH
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (b)  DUE TO, OR AS A CONSEQUENCE OF  LOW CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  LOW CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  LOW CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  LOW CONSEQUENCE OF  LOW CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  LOW CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  LOW CONSEQUENCE OF  LOW CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  LOW										g	
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MEDI	214 INJURY OCCUR!	out 🗆	21e PLACE	OF INJURY SEET FACTORY OFFICE FAR	M ETC)	211 LOCATION STREET	ITY OR TOWN		( OUNTY		TATE
	22a I certify that (1) saw the decease above, (1) (we) (c 22b SIGNATURE	ed alive on did) (did no	t view the bady				depth occurred on the date of	and hou	ond from the	causes sta	
	ABDUL	AME (TYPE O	J JTTEE	A mo		1610 - OAK	HILL AVE. F	lAGI	ERSTON.	W-1	up.
23a E	BURIAL, CREMATION,		Oct.22	,1987 Ros		EMETERY OR CREMATORY 11 Cemetery	Hagerstown				and
24 FU 4]	UNERAL DIRECTOR  5 E. Wilso			RAL HOME	Md.	0.1	CT 2 8 1987	REGIST	rar's signat	URE	all.



#### - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LEASED NAME 2a DATE OF DEATH (TYPE OF PRINT) 1 CHARL 6 AGE LIN YEARS LAST BIRTHDAY 3 SEX 4 RACE 5 DATE OF BIRTH TO BIRTHPLACE INTALE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED E COUNTRY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) oun to HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134 INSIDE CITY LIMITS? Maryland Washington Boonsboro 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME ANIDIDLE LAST MIDDLE Ora Otho Carson ADDRESS 112 Orchard Dr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIFYES GIVE WAR OR DATEST Mrs. Mildred C. Carson, Boonsboro, Md. 21713 No 18 CAUSE OF DEATH (Enter only one cause per line for to , (b , and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10. DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate cause to stating the underlying couse last DIVISION OF VITAL RECORDS, CERTIFICATION 20h IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX tronsit p 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART ! OR PART ? 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY LITY OF TOWN STREET AT HOME STREET FACTORY OFFICE FARM ETC I AT WORK AT WORK 22a | certify that (II (this haspital) attended the deceased from\_ 19... sow the deceased alive on above, (II (we) (did) (did not view the body after death and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING wil FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT the b PORT 23a BURIAL CREMATION REMOVAL 231 NAME OF CEMETERY OR CREMATORY

FOR

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DHMH 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Burial 10-5-87 Boonsboro Cemetery Funeral Home Boonsboro, Md. Bast, Jr.

Boonsboro, Wash. Co., Md. Julia Davidson

YES [

26 HOUR

126 KIND OF BUSINESS OR

Snyder

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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22¢ DATE SIGNED

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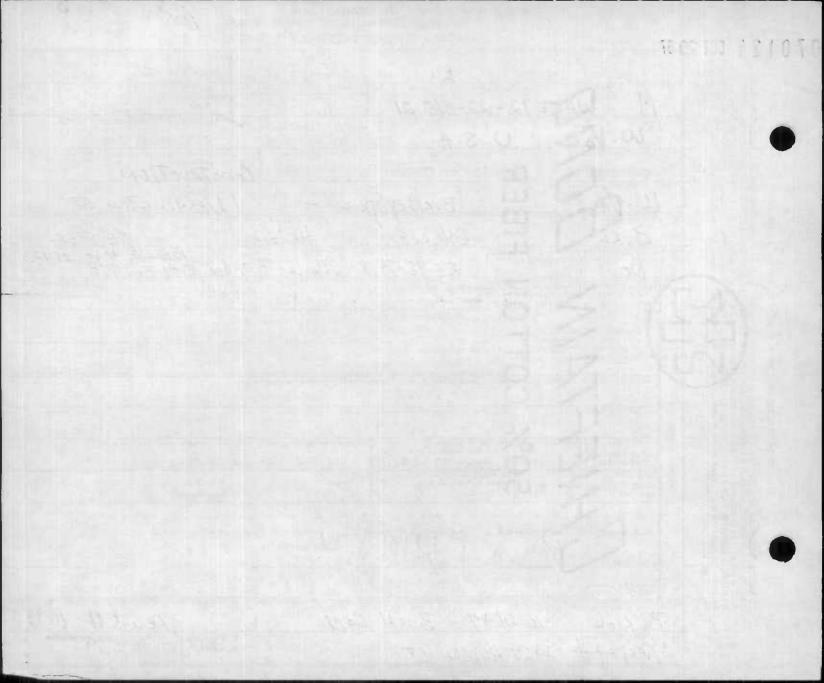
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	3 SEX	x		4 RACE		5 DATE C		6 AGE IN YE	ARS LAST BIRTHDAY	iF ∈ ER		
		Female		Whit	6	June	1,1898 YEAR	89	YR	S Major Ho	AC K	MIN
9		RTHPLACE ATE ON S		76 CITIZEN OF	WHAT COUNTRY	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED		ECITY OR COUR			MD
		ITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	12a USUALO	CCUPATION	12b KIN	D OF BUSIN	ESS OR
2		Boonsboro	and wout on	Reede	rs Memor	rial Ho	ome	Homer	naker	G LIFE INDUST	n Home	3
C.	13°M	aryland		ington	Boonsb		13d INSIDE CITY LIMITS? YES NO		Box ZIP CO	154 2	1713	
ì	14 FA	Frisby		WIDDLE	Kêll	.y	15 MOTHER'S MAIDEN NA	zabeth	M DDLE	Un	known	
	16a V	VAS DECE ASED EVER		MED FORCES? E WAR OR DATES!	214-48		Mr. James O	. Frey,	Boonsbo			13
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		22a I certify that (I) saw the decease above 1' we (c	(this hospi ed alive an	tal) attended th	e deceased from	(F) an	d that in my (aur) apinion	death accurred	an the date and	19 S	that 1 ( the causes st	we) last
		226 SIGNATURE		TREST	mo	(	DEGREE ATTENDING PHYSICIAN (	MEDICAL DIRECTOR	STAFF PHYSICIAN		IE SIGNED	
		VASANT					334 MILL			un, me	2174	(0
		BURIAL, CREMATION,	REMOVAL	23b DATE 10-1.			EMETERY OR CREMATORY  ille Cemetery	23d LOCAT	ersville	e, Wash	. Co.,	Md.
		JNERAL DIRECTOR					25a DA1	TE REC D. BY RE	GISTRAR 256 REC	ISTRARSSIO	DIUP	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HAGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO EASED NAME TYPE OF PRINT DEATH MATED X Gregory Church DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c DATE LAST BIRTHDAY PRONOUNCED 8:15 DEAD 1819 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington County IL CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS LIE NOT IN SUCH FACILITY GIVE TREE ADDRESS) OR INDUSTRY Hagerstown Washington County Hospital (DOA) LIL COUNTY 13d INSIDE CITY LIMITS? 13e STREET AC M FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT (YES NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Drowning DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last BURIA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of WRITING THE WORD "PENDING ARDED TO THE CHIEF MEDICA AGE 3 SHOULD BE USED AS A BI ATE DEPARTMENT OF HEALTH A 1201 PRIOR TO BURIAL, CREMA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 🗌 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING NOR CONTRIBUTING CAUSE OF DEATH XXXX 10 1019 87 Subject recovered from water 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY FARM ETC ) CITY OR TOWN STATE WHILE AT WORK water Rt. Hancock W. VA. EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGETE DEATH, WITH THE STABLEWORE, MARYLAND, 2 220 I certify that I took charge of the remains described above held an Autopsy Inspection Undetermined manner X death resulted from Natural causes Accident Mamicide L ACTUAL ASSISTANT\_MEDICAL EXAMINER 10/19/87 SIGNATURE. Mario F. Golle, Jr, M.D. ADDRESS. EXAMINER'S NAME 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 136 NAME OF CEMETERY OR CREMATORY 23d LOCATION (VR A15 ME (5))



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4 RACE		5. DATE O			6 AGE (IN	YEARS LAST BIRT		IF LINDER LYEAR		13 HRY
WHITE		1	26 DAY	1903	84		YRS	MOIN HT DAFF	HOURS	MIN
16 CITIZEN OF	WHAT COUNTRY?	8 AAA DDICE	NEVE	R MARRIED	9 BALTIMO	ORE CITY O	R COUNTY	OFDEATH		
U.S.A	١.	WIDOWE		DIVORCED [	WASH	INGTON	COLIN	TY_		MD
	OSPITAL, NURSIN				12a USUAL	OCCUPATION	NC	126 KIND C		SSOR
WASHIN	GTON COUN	ITY Ho	SPITA	L	SELF	EMPLO	YED	CAR V	VASH	
	136 CITY OR TOWN HAGERST		13d INSIDI	E CITY LIMITS?	13. STREET 935	ADDRESS /		VD.	124	0
AIDDL6	LAST		15 MOTHE	R'S MAIDEN NA	ME	WIDDLE				
C.	DALLAGO		H	ENRIETTA		WIDDLE		STABL	JM	

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18 CAUSE OF DEATH (Enter only PART   DEATH WAS CAUSED B	one couse per line for ia , (b , and (c	diopulus		APPR	Oximate interval EN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate couse to stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	yeury			
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2)0 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR			
216 INJURY OCCURRED  WHILE NO WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)	21f LOCATION STREET	CITY OR TO	viauo) aw	STATE
	ottended the deceased from				
226 SIGNATURE		DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	FF _ 10	TE SIGNED

DHMH 16 60M 7 84

BP.

(VRA 15, 4)

(SPECIFY)

FOR - STATE REGISTRAR ECEASED NAME

(TYPE OR PRINT)

MALE
TO BIRTHPLACE (STATE OR FOREIGN
COUNTRY)
PENNSYLVANIA

HAGERSTOWN

USUAL RESIDENCE 130 STATE MARYLAND

4 FATHER'S NAME

JOSEPH

3 SEX

FIRST

00

NURSING HOME OR OTHER INSTITUTION
136 COUNTY
WASHINGTON

MIDDLE

BURIAL 10-29-87 24 FUNERAL DIRECTOR

226 PHYSICIAN'S NAME ITYPE OF PRINTS

230 BURIAL, CREMATION, REMOVAL

731 NAME OF CEMETERY OR CREMATORY REST HAVEN CEMETERY

77e ADDRESS

WASH.

HAGERSTOWN

305 N. POTOMAC STREET MINNICH HAGERSTOWN, MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# 070854 NOV-5087RAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG N	

1		EASED NAME	FIRS1		MIDDLE		AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR	
ı	TITPE	Mary		Beatrice		Donegan			10	29	87	6:25p.m		
	3 SEX			4 RACE		5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY	IF NITE	RYEAR	IF UNDER 24 HR	
		FEMALE		WHITE		9 28 1891			96 YR	5	[/A1	HOUR MIN.		
-		OUNTRY)	OH FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED -	9 BALTIMORE CITY	OR COUN	ITY OF DE	ATH.		
)		RYLAND		U.S.	Α.	WIDOWE		VORCED [	WASHING	TON			MD	
ý	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INS	ITUTION	12a USUAL OCCUP		GUIFEI IND	KIND OF	F BUSINESS OR	
Ż	W	ILL IAMSP		HOMEWO OTHER INSTITUTION			CENTER		ALTERATI			TAIL	STORE	
	13a S	TATE	13b COUN	1TY	13t CITY OR TOW	N	134 INSIDE C		13e STREET ADDRES	per .	ODE	0	1740	
2	MAI	RYLAND THER'S NAME	WASHI	NGTON	I HAGERST	OWN	YES X	NO DEN NAM	823 WEST	FRAN	NKLIN	STR	EET	
	~	FIRST		MIDDLE	LAST		0.4	FIRST	WIDDIE		Mus	LAST		
-		HOMAS VAS DECEASED EN	VERINIIS AR	WIDMYER MED FORCES? 1166 SOCIAL SECURITY NO.			17 INFORMA	RGARET	ADÍ	DRESS	MUR	RRAY		
		ES NO OR UNKNOWN		F WAR OR DATES)	010 14 7	647	C	PATRIC	-	101	QUAKE			
	11/1		ATH Ento: no	du ano causo nos	line fol a) (b and	<u> </u>		AIRIU	CK DONEGAN		HANCE	AFFNUXIA	MATE INTERVAL	
		PART I. DE ATI	H WAS CAUSE	Ď BY	14.00	MAT	our .	FAILU	ent		8	ELWEENO	DINSET AND DEATH	
		DUE TO OR ASTA ON SEQUENCE OF												
	Conditions, if any, which (b) 3114 Make [NCULLUNIA									MINIA	`	·		
		gave rise to cause (a), st underlying co	oting the	DUE TO, O										
(c) 10H 110V														
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA										PARTIO			
3	ATI	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH		N WAS PERFO	RMED	20a AUTOPSY?		YES, WERE			
1	CERTIFICATION								YES NO	IN CER	YES []	LAUSES (	OF DEATH?	
1	CEI	210 ACCIDENT WAS	-	21b. TIME C HOUR A.	DE INJURY M. MONTH DA	YEAR	21c HOW IN	JURY OCCURR	ED LENTER NATURE CIL	UR IN ITEM	8 PART FIR	PART.		
	ICAI	(IF EITHER NOTIFY	MEDICAL EXAMINES	P.	M.	19								
	MEDICAL	21d INJURY OCC	URRED	21e PLACE	OF INJURY REET FACTORY OFFICE F	ARM ETC )	211 LOCATIO	N	DITY OR	town	co	UNTY	STATE	
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			eased alive on	101	edeceased from_	55	nd that in (my)	(gur) ppinion d	death occurred on the	date and	19 <b>4</b>	,	hat (1) (we) last	
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		22d PHYSICIANS	NAME (TYPE C	R PRINT)			22e ADDRES		J DIRECTOR EJ TITI	JICIAN E		1	1)	
		Step	nen E	me.	TENER		1839	5 Hou	well F	nac	E			
		URIAL, CREMATIC	ON, REMOVAL	23b DATE		NAME OF C	EMETERY OR	REMATORY	23d LOCATION			1.4	na STATE	
	Bu	URIAL		11-2-	87 R	OSE H	ILL CEN	METERY	HAGERST		WASH		MD.	
		NERAL DIRECTO	R		ADDRESS	-	1.1	25a. DATE	REC D BY REGISTR	AR 25h REG	SISTRARS S		Handale	
	GI	ERALD N.	MINNIC	н 305	N. POTOMA	C ST.	, HAG.	MD NO	V U 4 1981	gu	and Bridge			

DHMH = 16 60M 7/84 (VRA 15, 4)

BP.

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

20 DATE OF DEATH 26 HOUR #lizabeth 5 DATE OF BIRTH MONIH

3 SEX White To BIRTHPLACE THAT DEPORT ON 76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED New Jersev U.S.A. WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)

Hagerstown AVAION

126 KIND OF BUSINESS OR Homemaker 13 South Walnut Street 13d INSIDE CITY LIMITS?

9 BALTIMORE CITY OR COUNTY OF DEATH

14 FATHER'S NAME Ben jamin

Maryland

DECEASED NAME

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

Washington

18 CAUSE OF DEATH Enter only one cause per line for a b and

IMMEDIATE CAUSE of

66 SOCIAL SECURITY NO 136-03-2933

Hagerstown

15 MOTHER'S MAIDEN NAME

102 Planters Lane Diana M. Hill Keedysville, Maryland 21756

Unknown

Conditions, if any, which gave rise to immediate cause a stating the underlying cause last

PART I DEATH WAS CAUSED BY

Intile

roc

BETWEEN ONSET AND DEATH

part 2. Other significant conditions contributing to death but not related to the terminal disease or condition given in part  $_{0}$ 190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY

20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINER 71d INJURY OCCURRED

716 TIME OF INJURY HOUR AM. MONTH DAY YEAR 21e PLACE OF INJURY

AT HOME TIREET FACTORY OFFICE FARM ETC.

216 HOW INJURY OCCURRED ENTER NATIRE IF N REIN TEM 8 PART OR PART

22a | certify that (1 (this hospital attended the deceased from

above (I) (we) (did) (did not view the body after death 226 SIGNATURE

DEGREE

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

221 DATE SIGNED

22e ADDRESS

DHMH 16 60M 7 B4 (VRA 15, 4)

230 BURIAL CREMATION REMOVAL Cremation

10-20-87

731 NAME OF CEMETERY OR CREMATORY Smithsburg Crematory

Washington Maryland 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

Bast Funeral Home Boonsboro, Maryland 21783

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produced and police and product

town of the state of the state

TOZ Pleasone Lane

Last Funcial Rone Sconnoors, Marylana Cliffy OUT 25 187

Cremation | O-RC-87 | Emitted treatery Crematory Catagories | Colorest

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

1	FOR - STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE REG I	NO			2	
	CEALED NAME FIRST	^	MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY Y	EAR 2	26 HOUR	
letA	Floren	ice Li	llian	F1	lis		10	29	87	1:15P M	
3 5		4 RACE	111011	5 DATE C	110	6 AGE LIN YEARS LANTE		IF London	YFAR	I NIER AHR	
	Female	White		Aug	ust 2, 1905	82	YRS	- N	(/A*	HUJR! MiN.	
	BIRTHPLACE TATE OR FOREIGN COUNTRY COUNTRY N. Y.		WHAT COUNTRY?	2	D NEVER MARRIED	9 BALTIMORE CITY Washing	OR COUN	TY OF DEA	TH	440	
10 0	Boonsboro	11. NAME OF I	1	G HOME C	OR OTHER INSTITUTION	17a USUAL OCCUPA LITYPE OF WORK FOR MC .T HOUSEWI	TION	(IFE) 126 K	IND OF	BUSINESS OR MOME	
13a	JAL RESIDENCE IF NUR ING HOME OR STATE 136 COUN	TY THER INSTITUTION		ADMISSIONI		13e STREET ADDRESS			/226	999	
14, 1	FATHER'S NAME FIRIT  John	MIDDLE	Mc Devi	tt	15 MOTHER'S MAIDEN NAME Lillia	AA ID NI I			Eme	erick	
1	WAS DECEASED EVER IN U.S. AR	MED FORCES?	579-20-		Mrs. Lee Man		ont R			. 22630	
F	18 CAUSE OF DEATH Enter on	ly one cause per	line far a . ib . and	lic -				BEI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART I DEATH WAS CAUSE	D BY			dio pulman	m arre		Few min			
7	DUE TO OR AS A CONSEQUENCE OF  Conditions, if any, which ( 1b)								2-300		
	gave rise to immediate cause a stating the underlying cause last	DUE TO, OI	R AS A CONSEQUE	nce of	MUVD				7		
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a										
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH (			OPERATIO	n was performed	YES NOW	IN CERTIFYING CAUSES O				
	? 10 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTERNAT RE 37 1.	A IN TEN	S PAR' R PI	AR".		
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET FACTORY OFFICE FA	RM ET ;	211 LOCATION	TY'OR	TOWN	100	. Y	PATE	
	22a   certify that   b (this hospital) attended the deceased from										
	276 SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA							10-29,8)			
	22d PHYSICIAN'S NAME CLYPE OF				334 MILL			TOWA	, ~	nn 2174	
	BURIAL, CREMATION, REMOVAL PECIFY BURIAL	10-	29- 87 P		ect Hill Cem.	23d LOCATION Front	Royal	, War	ren	Co., Va	
	John H. Bast, Jr	st Fune Boon		. 217		V 04 1887		Strar's SI			

DHMH 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT If Item 21 is marked or Item 18 shows ony

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1, 77. 200	Con Constant, front nor	.auN 9847-09-99		

by the funeral director page 3 filed within 72 hours after death

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and constant the places remove corbonapolers. Pages I want the State Dept of Health and Mental Hygiene prior to buriol, scemation, or removal.

WPORTANT: If them 21 is marked or Item 18 shows any injury, or other tradinatic event, the medical ex-

IMPORTANT: If them 21 is marked or Item-18 shows any

TO MOSPITAL OR ATTENDING PHYSICIAN The retoined by the hospital or attending physician

BP.

DHMH - 16 60M 7 84 (VRA 15, 4)

FOR

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

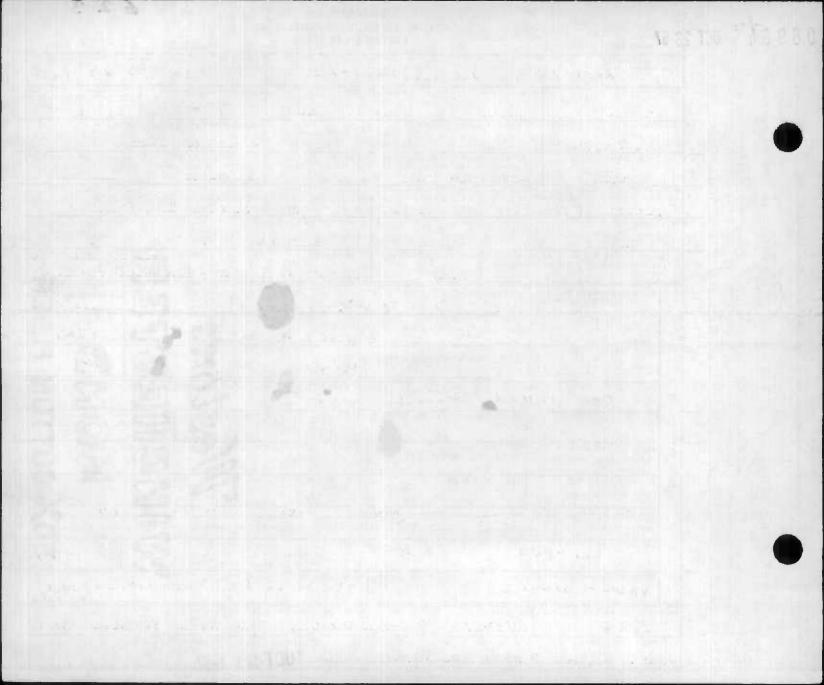
4	1 -	STATE DEGISTRAR		CEI	RTIFICATE OF DEATH	REG NO					
4	1 DEC	EASED NAME FIRST		MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR			
١	(TYPE (	Luci1	le N	MN	ETCHISON	October 1	6, 1987	8:20P. <sub>M</sub>			
1	3 SEX		4 RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF INDER I YEAR	IF UNDER 71 HRS			
4	19	female	white	e Ap	oril 21, 1894	93		INC. INS. MIN			
1		THPLACE ATEURFOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	ARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	9 BALTIMORE CITY OR COUNTY OF DEATH				
١	We	st Virginia	U.S	A	DIVORCED DIVORCED	on	n MD				
ī	IO CIT	Y OR TOWN OF DEATH		HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION		OF BUSINESS OR				
		onsboro	Fahrn	ey Keedy Men	norial Home	GLIFE) INDUSTRY					
	130 S1 Ma	ryland Was		136 CITY OR TOWN Hagerstown	1 YES NO X						
7	14 FA1	THER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN	NAME	LA	51			
_		William	E.	Shannon	Maude		Pal	mer			
1		AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY	NO 17 INFORMANT	ADDRESS					
	(46	ES, NO OR UNKNOWN) (IF YES)	eville,	PA.							
ĺ		18 CAUSE OF DEATH (Enter	only one cause pe	r line for ial. (b. and ic.)			APPROX	ONSET AND DEATH			
		PART I DEATH WAS CAU	SED BY ATE CAUSE (a)	cardy	in arrel						
		IMMEDI									
-		Conditions, if any, which	DUE TO, C	R AS A CONSEQUENCE	obstruction	Delecony Dry	en-				
	1	gave rise to immediate	(b)	C GMI		1					
١		cause in stating the underlying cause last	DUE TO, C	RAS A CONSEQUENCE	Vesa for acy della						
4		DART 2 OTHER SIGNIFICANI	(c)			ERMINAL DISEASE OR CONDITION	CIVEN IN PART 1	0			
		PART 2 OTHER SIGNIFICAN	1 CONDITIONS C	ONTRIBOTING TO DEAT	TOO NOT KEEPIED TO THE T	EKMINAL DISEASE ON CONDITION	SIVER IIV AKT	U			
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1	IFF					YES TO NOT IN CEI	IN CERTIFYING CAUSES OF DEA				
	CER	210 ACCIDENT WAS UNDERLYING				CURRED CENTER NATURE OF INJURY IN ITEM	18 PART OR PART 21				
ľ		OR CONTRIBUTING CAUSE OF	DEATH	M MONTH DAY Y	YEAR						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIT		.M. OF INJURY	211 LOCATION						
	ME	WHILE NOT WHILE AT WORK		REET FACTORY OFFICE FARM ET	SIREET	( ITY OR TOWN	YINDO	1 A TE			
		22a ) certify that (I) (this has	spital) attended th	ne deceased from	. 19	to	19	that (1) (we) last			
		sow the deceased alive above /11/we Idid (did	onthe had	ofter death	and that in (my) (our) opin	nion death accurred on the date and	hour and from the	causes stated			
		226 SIGNATURF	nor view me body	Oner deam	DEGREE		22c DATE	SIGNED			
				1.04=	ATTENDING PHYSICIAN	G MEDICAL STAFF N DIRECTOR PHYSICIAN	10/	17/87			
		22d PHYSICIAN'S NAME (TYP	E OR PRINT)		22e ADDRESS	4.4					
			VALLERY	mo		KHILL AVE. HAGE	RSTONN	· mo.			
	230 BI	URIAL, CREMATION, REMOV			OF CEMETERY OR CREMATO	LITY OR TOWN	OUNTY	STATE			
		burial			sburg Cremator	0.					
		NERAL DIRECTOR MINN		ADDRES	70.0	DATE REC D, BY REGISTRAR 256 REC	FISTRAR'S SIGNA	TURE			
	4	5 Fast Wilson	Blvd. H	agerstown. N	Maryland II	I Zi di Illiani					

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

69648	OCT 2	618	FOR 7STATE REGISTRAR		DEPAR		EALTH AND MENTAL	HYĞIEN	IE REG NO			
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moy poor		3 SE	(	4 RACE		5 DATE (		6	AGE (IN YEARS LAST BIRTH	HDAY] II		FINDER JHR
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0 0 E	XI		RTHPLACE I STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	/? 8 MARRIE	D NEVER MARRIED		BALTIMORE CITY OF			
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after y the f	1/1		TY OR TOWN OF DEATH  IGERSTOWN	( IF NOT IN SUC	HOSPITAL, NURS HEACILITY, GIVE STRE 19ton COL	ET ADDRESS)	OR OTHER INSTITUTION	(1	USUAL OCCUPATION  TYPE OF WORK FOR MOST OF  HOUSEWIFE		126 KIND OF INDUSTRY Homema	BUSINESS OR
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ithin tely 2 sh	and a	14 F.	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE			
w bed w	A.C.		Walter	?	Hen	cy	Eliza	abeti	h ?		?	
d co	lo lo		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SE	CURITY NO	17 INFORMANT		ADDRES	s 620	Brunswi	ick St.
W Section 1	E	-	No	E WAR OR DATES	None		Chester 0.	. Fe	aster - Br	unswic		
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n. n. per	shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		20a AUTOPSY? YES NOW	206 IF YES. IN CERTIFY YES	WERE FINDING ING CAUSES C	S USED F DEATH?
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IVISION IC PHYS ottending ter this co	rked or ft	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY	E FARM ETC 1	216 LOCATION		TY OR TOW	VN	(OUNTY	LATE
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Sprite	0 0 1		sow the deceosed alive on above, (1) (we) (did) (did no	t view the body	ofter death	4 . 0	nd that in (my) (our) opin	inion deo	oth occurred on the do	te and hour		
the ho	Te Uept		276 SIGNATURE			2	DEGREE ATTENDIN PHYSICIA	NG P	MEDICAL STAF	F IAN []	224 DATE SI	GNED 2, Y)
TO HOSPITAL ( retorned by the TO FUNERAL!	with the Sto		22d PHYSICIAN'S NAME (TYPE O	TH, NO					STO HAD	CRS-		mo 1740
BP BP	, 21	23a F	Burial, Cremation, Removal Burial	10/20/			EMETERY OF CREMATO		Knoxville	, Fred	COUNTY CK.	MD.
		_	UNERAL DIRECTOR		1 1		-4		EC D BY REGISTRAR			
DHMH 16 60 (VRA 15		JC	hn T. Williams	Funeral	Home Br	unswi			0 1 1007		~.	



(VRA 15, 4)

STATE OF MA	ARYLAND	8 /
DEPARTMENT OF HEALTH		
CEDTIEICATE	OF DEATH	

68954 OCT	20	REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO. 306 Z S					
. m= )		ENGLE HANNE	PIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
may be page 3				m	1	100 K	10	The same		
cto: p	3 SE)	F	4 RACE		5 DATE (	H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 92 YRS	IF UNDER I YEAR IF UNDER :145		
Pog die	7a BI	RTHPLACE ATE OR FOR	REIGN 76 CITIZE	N OF WHAT COU	VIRY? 8		9 BALTIMORE CITY OR COUN	TY OF DEATH		
death uneral		dgërsville,		U. S. A.	WIDOW		Washington			
by the full with the houth fred		agerstown	H 11. NAM UFNO Was	TINSUCH FACILITY GIVEN (	County Ho	ospital	120 USUAL OCCUPATION 1 Type of work for most of working Homemaker	126 KIND OF BUSINESS OR INDUSTRY OWN HOME		
24 having be	13g S	TATE  TYLAND	s home prother insti 3b COUNTY Vashing to		E BEFORE ADMISSIONI R TOWN SVILLE	134 INSIDE CITY LIMITS?	13. SIREET ADDRESS / ZIP CO	DE 21756		
2 2 5 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	14 FA	THER'S NAME				15 MOTHER'S MAIDEN NA		100		
and and	/	Charles	Webs	ter P	ry k	Anna	Teressa	Miller		
nd co		AS DECEASED EVER IN	US ARMED FOR	ATES)	L SECURITY NO	17 INFORMANT	ADD 52° N.	Main St.		
S. Po	No			[219-2	0-2597	Mr. Charles	L. Flook, Keedy			
hysici papel aval		18 CAUSE OF DEATH PART I DEATH WA	Enter only one cau S CAUSED BY	11 1 1		CVI		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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phys phys phys al-train fal Hy		OR CONTRIBUTING CA	USE OF DEATH HO	UR A.M. MONT	H DAY YEAR					
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G PH ond ond ked	¥	AMILE NO WHILE		OME STREET FACTORY	OFFICE FARM ETC )	STREET	- IIIYORTOWN	C		
Aft Aft Mar		22a 1 certify that (I) (t		ded the deceased	from	19	3 to 10/14	19 1ho   wellost		
TTEN prital TOR for u		sow the deceased	did not view the	hody after death	19-87.0	nd that is (my) (our) opinion	death accurred on the date and h	our and from the causes stated		
has has liked leept		226 SIGNATURE	1111	boy and dear		DEGREE	(	271 DATE SCHED		
AL O The AL D detoc ote Do		KZ	Myla		_ n	1) ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	10/19/81		
O HOSPITA Petoned by TO FUNERA And the Sto		22d PHYSICIAN'S NAA	AE (TYPE OR PRINT).	ler		Geeting Lan	c teedsouth	e ma		
D € 5 4 3 ₹	23n E	URIAL, CREMATION, RI	EMOVAL 231 DA	ATE	230 NAME OF	CEMETERY OF CREMATORY	23d LOCATION	1		
							CITY OR TOWN	TATE TATE		
BP		Burial INERAL DIRECTOR ast Funeral	1	0-17-87		Cemetery	Keedysville,	Wash. Co., Md.		

and or the contract of the con Carrier extends against the same seconds as all or eyerge egg; in dankles L. clock, heaventle, se, par-Bordel | City Tate . officer as | Legendre Conseque

Dark Veneral Bone, Boomphowe, in. 2131.

and campletely filled in by the funeral director page 3 ages, I and 2 should be filed within 72 hours after death

ate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN The law requires that etained by the haspital or attending physician.

BP.

DHMH 16 60M 7/B4 (VRA 15, 4)

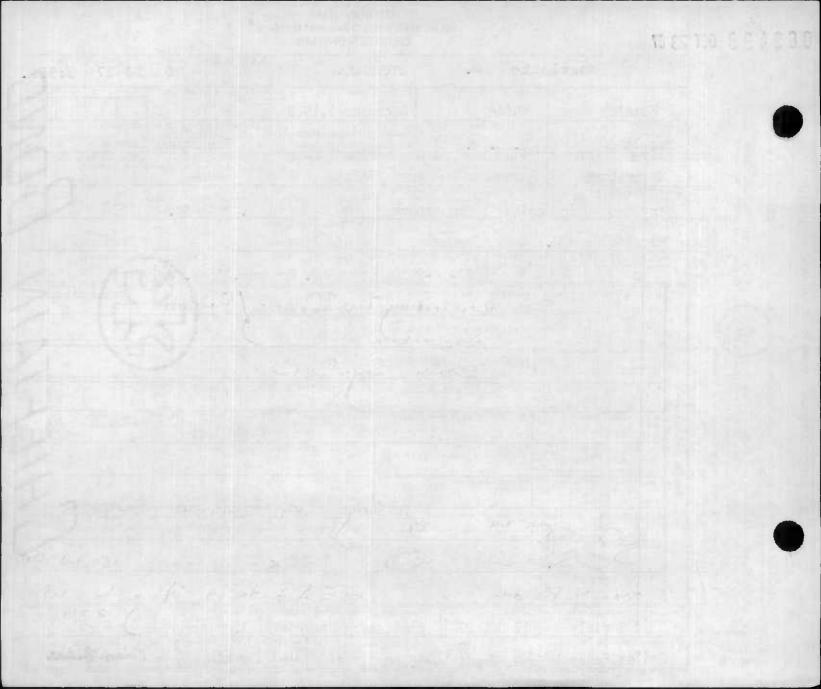
TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol, critically manual transitions of the MPORTANT. If them 21 is marked or them 18 shows any injury, or other 18 shows and prior or other 18 shows any injury.

1	STATE OF M
FOR	DEPARTMENT OF HEALTH
7 9 3 OCT 23-8 FOR PATE	CERTIFICATI

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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K.U	UREGISTRAR			CERTII	ICAIL OI DEATH		REG N	0				
	CEASED NAME Charl		Mae		EMAN	2	DATE OF DEATH	10	14 87	8:55P.		
3 SE	x	4 RACE		5. DATE C			AGE (IN YEARS LAST BIR	THDAY)	IF INDER YEAR	IF UNDER . 4 MRs		
,	Female	White		Dece	mber 1,1920	0	66	YRS	MONTHS DAYS	HOURS		
	RTHPLACE THATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	В	D NEVER MARRIED	9	BALTIMORE CITY	R COUNT	Y OF DEATH			
	laryland	U.S.	Α.	WIDOWE			Washingt	XEK	County	MD		
	Hagerstown	_ (IF NOT IN SUCH	HOSPITAL, NURSING HEACHITY, GIVE STREET A DOD LUTHE	ADDRESS)	r other institution		20 USUAL OCCUPAT TYPE OF WORK FOR MOST ON NONE			OF BUSINESS OR		
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	Horatio P	MIDDLE .	Freeman		Madeline		WIDDIE		Fraile			
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT		Baltin	ore.	MD 2121	LO		
	No		213-14-9	930	Ruth M. F	Free	man,116 W.	Uni	versity	Parkway		
	18 CAUSE OF DEATH Enter only one couse per line for o, b, and c  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  REPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  LINGUISTICS  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH											
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z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPAILED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0											
CERTIFICATION	190 DATE OF OPERATION	190 DATE OF OPERATION 196 CONDITION FO			N WAS PERFORMED		200 AUTOPSY?	EASE OR CONDITION GIVEN IN PART 1 a  NUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
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	226 SIGNATURE	of view rife body	oner deam	A	DEGREE				27¢ DATE	SIGNED		
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1	228 PHYSICIAN'S NAME LIVE	OR PRINT)			22e ADDRESS							
	van. H. F	- when			138 E. A.	sit in	Pomate a	11/4	genida	Live in		
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	Burial	17 OC	T 87 E	mmits	burg Memor		Emmits	ourg	Frederic	ck MD		
24 F	UNERAL DIRECTOR		ADDRES		250	DATER	1 O 4007	255 REGIS	STRAR S SIGNA	TURE		
	Skiles Funeral	Home, Er	mmitsburg	. MD	21727	101	1 9 198/	Gulia	margary.	Condition		



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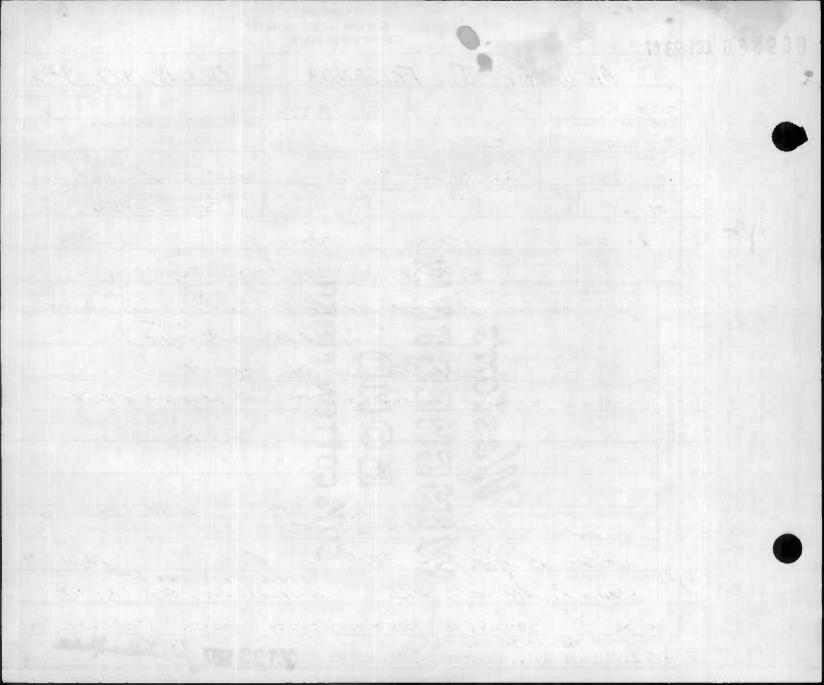
DHMH = 16 60M 7/84 (VRA 15, 4)

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

T	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG	IENE REG NO					
'	I DEC	CEASED NAME FIRST OR PRINT)	, Jo	seph		AST .	20 DATE OF DEATH	AONTH DAY Y	LAR 2b HO	UR		
	(III)	Alexan	der	J.	FRIS	ENDA	Oct. 18, 1987 90					
	3 SE)		4 RACE		5 DATE C	DE BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER YEAR IF UNDER MONTHS DAYS HOURS					
	1	le	white		Oct	ooer 29,1908	78 YRS					
	7a BII	RTHPLACE IS ATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTR	Y? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR		TH			
4		igerstown	USA		WIDOWE		Washing			MD		
10		ry or fown of DEATH	(IF NOT IN SUC	HOSPITAL, NURS HEACILITY, GIVE STRI  TON COU	EET ADDRESS]	or other institution spital	(TYPE OF WORK FOR MOST OF credit man	WORKING LIFET INDU	IND OF BUSIN STRY od dist			
9	13a S	AL RESIDENCE LIF NURSING HOME O TATE 136 COU Lryland		GIVE RESIDENCE BEF 134 CITY OR TO		13d INSIDE CITY LIMITS? YES NO	ZIP CODE Dr. 2108	35				
2	14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE								LAS1			
9	1	Eponomondo		Napo1	itano							
2		VAS DECEASED EVER IN U.S. AF	MED FORCES?	ADDRES	55							
4		erstown,	Md.									
		18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	R AS A CONSEG	ede 1	failure	Can	adio-	PPROXIMATE INT			
		Conditions, if ony, which gove rise to immediate cause oil stating the underlying couse last	DUE TO, OI	RAS A CONSEC	DUENCE OF	Mellitae NOT RELAJED TO THE TERM	Sype II	OITION GIVEN IN PA	ART 1-o			
	NO	Severe- >	seryher	al ext.	unlac	Muena-	with gange	ene of of	ects			
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	YES NOT	206 IF SES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO				
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	M MONTH	DAY YEAR	214 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	TIN ITEM 18 PART DRPA	ART 21			
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE :	OF INJURY EET FACTORY OFFIC	E FARM ETC )	211 LOCATION STREET	€ ITY OR TOV	VN COUN	al v	LATE		
		22a. I certify that (I) (this hosp saw the deceased alive of above, (I) (world of (did no		1.1		10/3 19 8 9 nd that in (my) correspondence	deoth occurred on the da	te and have and tra	2 that II m the causes s	امین last stated		
		22b SIGNATURE	1. 7/10	inc	-71	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	DATE SIGNED	124		
1		22d BAYSICIAN'S NAME (TYPE	MAR	514, 11.	1.D.	270 ADDRESS 239 1	V. PATOMER		1784			
	23a B	BURIAL, CREMATION, REMOVAL	236 DATE	23	R NAME OF C	EMETERY OR CREMATORY	23d LOCATION	, mark		TATE		
		ourial	Oct.20	,1987	Rest Ha	aven Cemetery		wn, Wash.	, Mary	land		
		UNERAL DIRECTOR MINNI	CH FUNER	ADDRES		250 DAT	E REC D BY REGISTRAR	SE REGISTRARS S	CHATURE			
	Town down	1	A									



	after death Page 4 may be	urs after death	かんかかん
ST., BALTIMORE, MARYLAND 2120	ertificate be executed within 24 hours	g physican and carrellation papers.	event, the medical authorities multiple in
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compress that the first in the first of the same as should be detached for use as the burial-transit permit. Then please remove carbon paper. The detached for use as the burial-transit permit. Then please remove carbon paper.	IMPORTANT If Item 21 is marked or Item 18 shows any injury, or other troumotic event, the misulial experimental insulation and
DIVIS	TO HOSPITAL OR ATTENDING PHYSICIAN The I retained by the hospital or attending physician	TO FUNERAL DIRECTOR After the should be detached for use as the with the State Dept of Health and	IMPORTANT If Item 21 is marked

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DHMH = 16 60M 7/84

(VRA 15, 4)

7070	360	00	-	O 67 FOR STATE REGISTRAR		DEPART	MENT OF	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	IENE REG N	0	5 2	7
				CEASED NAME FIRST		MIDDLE	L	451	20 DATE OF DEATH	MON1H .	AV YEAR	26 HOUR
, pe	page 3			Burge	ess l	Elmer	G	reen		10 2	25 87	5:15a M
1 de 4 mo	rs after o		3 SE	M	4 RACE		5 DATE C	F BIRTH  PAY  9 1909	6 AGE TIN YEARS LAST BIR	THDAYI	IF HER END	F N R 4 HR HC JR! MIN
eath Po	of 22 hours	35		RTHPLACE THE CHARLON TO THE CHARLON	76 EITIZEN O	F WHAT COUNTRY	MARRIE!	NEVER MARRIED DIVORCED	BALTIMORE CITY O	_	OF DEATH	MD
01 s ofter d	119	0	1	TY OR TOWN OF DEATH	(IF NOT IN S	F HOSPITAL, NURSI UCH FACILITY GIVE STREE Prs Memor	T ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Brick Yard	ON F WORKING LIFE	126 KIND OI INDUSTRY	F BUSINESS OR
4ND 212	A STATE OF THE PARTY OF THE PAR	35	Miss U.	AL RESIDENCE HE NURSING HOME TATE 136 CC	OR OTHER INSTITUTIO		RE ADMITSIONS	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		21710	
MARYLA ed within	ii	00	4 F.A	THER'S NAME FIRST  Joseph	WIDDIE	Green		15 MOTHER'S MAIDEN NA. FIRST Susie	MIDDLE		reen	
ALTIMORE,	Popul co	2	1	VAS DECEASED EVER IN U S	ARMED FORCES			17 INFORMANT Barbara King			er Sori rive	.ng, Hd
1 W PRESTON ST., B	l by the attending phy cose remave carbanga			PARTI DEATH WAS CAL IMMED  Conditions, if ony, which gave rise to immediate cause a stating the underlying cause last	DUE TO.	CETTER ORAS A CONSEQUENCE CRAS A CONSEQUENCE	JENCE OF	aremo	we			
RDS, 201	Then ple		NO	PART 2 OTHER SIGNIFICAN	IT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVI	EN IN PART 1	
AL RECO	t permit	9	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	, WERE FINDIN YING CAUSES	
VISION OF VITAL RECORDS,  G PHYSICIAN The low requirending physician	ertificate ral-transi intol Hyginem 18 sh	G	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH ( P.M.	AY YEAR	21¢ HOW INJURY OCCURI	RED LENTER NATIRE DE NIC	RY NITEN 8 PA	AR' )RPAR(	
IVISION IG PHYS	s the burn and Me	/	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY S REET FACTORY OFFICE	FARM ET	21f LOCATION	LIJA OH 10	wn	NIY	JATE
A ATTENDIA hospital oi	CTOR Af			220 I certify that (I) (this be sow the deceased alive above (I) (we) (did (did	on101	13 19		d that in (my (our) apinion	toiof	25 ate and hour		hat I we last auses stated
TAL OR A	detached detached at If Hem			226 SIGNATURE	lit				MEDICAL STAI		ic/s	JA2
HOSPII	FUNER ould be	/		RIGUEDEN	/ /	.D.		PD. BDX 246	, KEFPIS	VILLE	MOS	1756

236 DATE 230 BURIAL, CREMATION, REMOVAL

230 NAME OF CEMETERY OR CREMATORY Fairview

Burial
74 FUNERAL DIRECTOR 10 28 1987 AATORY 73d LOCATION
Frederick
750 DATE REC D BY REGISTRAR 755 A Erederick

C.E. Ticks, 111 1922 Forest Drive Anna Md

13:05:130, 0 1 6 0 7 8 2 12 2 publication of the box of the control of the The state of the s DOT 2 9 1967 Junior Robert

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			1					
1	DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MON	TH DAY	YEAR	2b HOUR	
1	Laui	ca May	GR	EEN	10	- 11-	- 87	11:40	
3 3 70 10 11 11 14 16 16 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	SEX	4 RACE	5 DATE (		6 AGE (IN YEARS LAST BIRTHDAY	) IF UN	LIER LYEAR	IF UNDER LATERS	
	female	white	Dec.	6, 1893 YEAR	93	YRS	DATE	HC VS MIN	
5 70	o BIRTHPLACE COUNTRY) Pennsylvania	76 CITIZEN OF WHAT COUL USA	NTRY? 8	D NEVER MARRIED K	9 BALTIMORE CITY OR CO Washingt	DUNTY OF	DEATH -	MD	
1 10	O CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY GIVE Ravenwood N	URSING HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WOR  NUTSE	KING LIFET IN	I-87 11:46  INDER LIVEAR IN UNDER JAIRS  INDUSTRY  PRIVATE duty  TABLE  THOM IN UNDER JAIRS  INDER JAIRS  INDER LIVEAR IN UNDER JAIRS  INDER LIVEAR IN UNDER JAIRS  VERE FINDINGS USED  NO   THOM IN UNDER JAIRS  COUNTY  THATE  THAT I (OUNTY MATE		
13	USUAL RESIDENCE HE NURSING HOME OR 130 STATE 136 COUN Wash	other institution Give residence NTY 13t CITY OF Hager	RTOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 43 Summerlin Dr.				
14	4 FATHER'S NAME William	S. Gree		15. MOTHER'S MAIDENNA/ Charlotte	MIDDLE	]			
16	60 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	L SECURITY NO.	17 INFORMANT	ADDRESS				
	no	E WAR OR DATES)		Donald Green	, 43 Summerli	n Dr.	, Hag	erstown,	
	Conditions, if ony, which gave rise to immediate cause of stating the underlying cause last	DUE TO, OR AS A CON    b)   DUE TO, OR AS A CON	SEQUENCE OF	Acute c	VA		3 d	35	
TIESCATION.	PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V			20a AUTOPSY?   20b	IF YES, WE	RE FINDIN	OF DEATH?	
40.7	00.00.00.00.00.00.00.00.00.00.00.00.00.		H DAY YEAR	21c HOW INJURY OCCURR	RED LENTER NATURE OF INJURY IN I	EW 18 PAR.	)RPART.		
24	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY		211 LOCATION STREET	ITY OR TOWN	(	VINUO	ATE	
	27a   certify that    (this haspi saw the deceased alize an abave, ( ) (we) (did) (did na				ta death occurred an the date o				
+	276 SIGNATURE	APRILL ME		ATTENDING PHYSICIAN 272 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN				
	W. 3. 6	EPPE	acqu.	MA					
	30 BURIAL, CREMATION, REMOVAL burial	Oct. 14,1987	Rose H	EMETERY OR CREMATORY III Cemetery	Hagerstown,	Wash	, Ma	ryland	
	4 FUNERAL DIRECTOMINNICH 415 E. Wilson B1			21740 OCT	16 1987 TRAP 256	Duride	SSICONTI	العقال	

DHMH - 16 60M 7/84 (VRA 15, 4)

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requires that the death

O HOSPITAL OR ATTENDING PHYSICIAN The low storned by the hospital or offending physician

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DHMH - 16 50M 1/81 (VRA 15, 4)

071100 NOV - 187 FOR STATE REGISTRAR

ector, page 3

O FUNERAL DIRECTOR. After this certificate has been signed by the otherding physicial should be detached for use as the buriol-transit permit. Then please remove carbonappers with the State Dept of Health and Mental Hygere prior to buriol, cremation, or removal IMPORTANT. If them 21 is marked or item 18 shows any injury, or other troumance event,

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N

5

	201	REGISTRAR		CERTII	CATE OF DEATH		REG. NO		
		CEASED NAME Edward Edward	d Jöseph	GRE	REGG	20 DATE O	F DEATH MO	NTH DAY YEAR -31-87	7 LUP M
	3 SEX	(	4 RACE	S. DATE C		6 AGE IN	YEARS LAST BIRTHDA	MONTHS DA	
	Ma	le	White		ch 21, 1915	7	2	YRS	The state of the s
	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	EXNEVER MARRIED	9 BALTIMO	RE CITY OR C	COUNTY OF DEATH	
7	1	lew York	U.S.A.	WIDOWE			Wash	ington	MD.
1		TY OR TOWN OF DEATH gerstown	11. NAME OF HOSPITAL, NURSIN IIF NOT IN SUCH FACILITY, GIVE STREET Washington Coun	ADDRESS)		(TYPE OF WOR	OCCUPATION  Fix FOR MOST OF WO  CO FOR K	ORKING LIFE) INDUSTI	OF BUSINESS OR RY Army
2	13a. S	W. Va. Berl	TOTHER INSTITUTION GIVE RESIDENCE BEFORE  NTY 136 CITY OR TOW  Reley Falling	/N		P. 0		2 254	199999
2	14 F A	THER'S NAME	MIDDLE Gregg		15. MOTHER'S MAIDEN P	name Unknow	MIDDLE		LAST
		VAS DECEASED EVER IN U.S. AR		JRITY NO.	17 INFORMANT		ADDRESS		
4		yes WW	TT 079-03-6	5201	Kathleen L.	stown, Md.	own, Md.		
		PART I DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	rdia ENCE OF Conta	Gi Caro	dinous	Pres	APPRITUE	iOxmate miteval en onset and death
3	CERTIFICATION	PART 2 OTHER SIGNIFICANT (	196 CONDITION FOR WHICH			RMINAL DISEAS	OPSY? 20	ION GIVEN IN PART  Ob IF YES, WERE FIN  N CERTIFYING CAUS	DINGS USED
7	TIF					YES 🗌	NO	YES 🗌	NO 🗌
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER 210 INJURY OCCURRED NOT WHILE AL WORK AL WORK AL WORK		19	216 HOW INJURY OCC	URRED (ENTER M.	ATURE OF INJURY IN	OUNTY	STATE
			ortended the deceosed from 19 11 view the body after death.	. or		on death occurre		and hour and from the	the couses stated
		ABOUL	WATERED WIS		1610 - 0,	41CH-11	AVE	HAGER	Hour mi
	Cr	SPECIFY, CREMATION, REMOVAL			emetery or cremator	ry Smi	ths burg	COUNTY Wash	STATE Md
	7	Vis Funeral Hor	Smiths burg,	ख्या,	21783 N	10V06	1007	REGISTRAR'S SIGN	ATURE

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FOR STATE

REGISTRAR

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

	I DECEASED NAME	FIRST		rginia Glovk			20 DATE OF DEATH Octobe			26 HOUR	AA	
	3 SEX	T	4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	-	IF UNDER I YEAR	# UNDER 23 HR	R1	
	female		white		May	9, 1931 YEAR		56 <sub>YRS</sub>	ر هر اللبط	HOURS MI	N	
	TO BIRTHPLACE ATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	В	(B)	9 BALTIMORE CITY		OF DEATH			
	Maryland		U.S.A		WIDOWE	D NEVER MARRIED D	Wasi	hingtor	1	į	MD	
7	10 CITY OR TOWN OF DE Hagerstown	ATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET	IG HOME (	OR OTHER INSTITUTION		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  WAITTESS  INDUSTRY				
1	USUAL RESIDENCE (IF NUR 130 STATE Maryland	136 COUN	OTHER INSTITUTION		ADMISSION)	134 INSIDE CITY LIMITS? YES [X] NO [	13e STREET ADDRESS	13e STREET ADDRESS / ZIP CODE 70 Madison Avenue				
	14 FATHER'S NAME					15 MOTHER'S MAIDEN NA					_	
/	Ernst R.			Socks		Anna	WIDDIE		Shoemaker			
1	160 WAS DECEASED EVER		166 SOCIAL SECU	RITYNO	17 INFORMANT	ADDR	ESS					
	no (15 - 26 - 8641					Mr. Hillard	F. Grove,	Sr., Ha	agersto	own, MD	).	
	18 CAUSE OF DEAT PART I DEATH V	IMMEDIATI	E CAUSE (a)	KESP FAS A CONSEQUE	INAT	+7	ine		BETWEEN	imate interval Onșet and deat	JH	
		mediate ng the e fast	(61_	R AS A CONSEQUE		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N PAPER TO		=	
7	THE DATE OF OPERA	HON	IN COND	ILION FOR WHICH	OPERATIO	N WAS PERFORMED	284 AUTOPSYT		WERE FINDING CAUSES			
	ON CONTRIBUTING   19 (19 to 19	CAUM OF OTA C. O. ERAMANIA RED PART THE ANALYSIS (The hospit of silver on Odd) (and the	The PLACE (SAT POINT AND TO COLOR OF SATURATION OF SATURAT	M. MONTH DA M. OF INJURY HELFACTOR OFFICE I	Par	THE HOW INJURY OCCUR  THE LOCATION  THE LOCATION  THE LOCATION  THE LOCATION  ATTENDING PHYSICIAN PHYSICIAN 122e ADDRESS	teath occurred on the d	bana Sand haur	country 6	Service and a	lant	
	STEPH	REMOVAL	E. MET	ZNER_	MAME OF C	1825 How	T23d LOCATION	HAC	BUNSTI	an v		
	buria:					Lawn Mem. Parl	CITY OF TOWN	wn. Was	sh. Ma	rvland	1	
	24 FUNERAL DIRECTOR			NERAL HON			TE REC D BY REGISTRAF	256 REGISTR	RAR'S SIGNAT	URF	_	
	415 Éast Wi	lson B	lvd.,Ha	gerstown	Mary	land 21740 UC	1281987	Super of	(244 brown)			

DHMH 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon appears. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremany, or remover. Pages 1 and 2 should be filled within 32 hours any injury, or other troumair event, the medical examiner must be notified at galax.

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or once.

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DHMH 16 60M 7 84

(VRA 15, 4)

068495° OCT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HIGIENE CEDTIFICATE OF DEATH

REGISTRAR CERTIFICATE OF DEATH REG. NO.												
		CEASED NAME FIRST		MIDDLE	L	AST	20	DATE OF DEATH	HIMON	DAY YEAR	26 HOUR	?
	(TYPE)	SYLVIA	1		(	FROVE		00	T. 3	3, 1987	7:5	4AM
	3 SEX		4 RACE		5 DATE C		6 A	AGE (IN YEARS LAST BIR	(HOAY)	IF UNDER ! YEAR	IF UNDER !	
	,	FEM.	CA	UC,	FEE		2	75	YRS	MONTH DATS	HOUR	MIN
-		RTHPLACE TATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 E	BALTIMORE CITY O				
7	C	Pa.	U	SA	WIDOWE		<u>-</u>		Nashi	ington	Co.	9 MD_
9		TY OR TOWN OF DEATH		HOSPITAL, NURSIN HEACILITY, GIVE STREET, 19 TON CO		OR OTHER INSTITUTION		PE OF WORK FOR MOSIC HOUSEWI		126 KIND C INDUSTRY OWN		SS OR
1	USUA	AL RESIDENCE (IF NURSING HOME OF PA . 136 COUR	OTHER INSTITUTION		AOMISSION)	13d INSIDE CITY LIMITS YES NO 🌣	52 134	SIREEL ADDRESS	ZIP CODE	don Rd	99	149
4	14. FA	Arsbury	MIDDLE	Pinë		15 MOTHER'S MAIDEN		MIDDLE		Shives	ST.	
X		VAS DECEASED EVER IN U.S. AR (ES NOOR UNKNOWN) (IF YES GIV	MED FORCES?	204-01		Mrs.Alma	a Me	rtin Me	s6385 rcers	5. Roye sburg	r Rd	•
		18 CAUSE OF DEATH Enter or	- DI.			2				BETWEEN	ONSET AND	DEATH
		PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	NCREASE	DIN	TRACRANIA	44	PRESSURE			720	n
		Conditions, if ony, which gove rise to immediate couse (io), stating the underlying couse lost	DUE TO, O	r as a conseque	L IN	FARCTION  GHT INTER	IN AL	CAROTID	ARTE	RY		
	NO	PART 2 OTHER SIGNIFICANT	conditions co Welli	tus Ty	DEATH BUT	NOT RELATED TO THE T	+B	DISEASE OR CON	DITION GIV	VEN IN PART 1	o	
/	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIF	S, WERE FINDI IFYING CAUSES ES []		
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DE INJURY M MONTH DA	YEAR	21c HOW INJURY OCC	CURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 1	PARI )R PARI.		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY OFFICE F	ARM ETC )	211 LOCATION STREET		TY OR TO	WN	COUNTY	.01	ATE
		220 I certify that (this hosp sow the deceased alive or abave, (I) (we) (did) (did no	10-3	19		d that in (my) (our) opin	nion deoi	th occurred on the d	ate and hou	19 <u>87</u>	that   I' (w	
		226 SIGNATURE	& Bun	e M.D.		DEGREE ATTENDIN PHYSICIAI	1G D	MEDICAL STA			SIGNED	
1		EDWARD	BYRD,	M.D.		1198 KEN	LY P	AVE. HAGE	2] ERSTO	1740 DWN, M	'D-	
	23a B	BURIAL, CREMATION, REMOVAL	10/6/	/87 Fa		ew Cem.		23d LOCATION Preersbu	rg Fi	rankli		ATE .
	24 FU	UNE AL DIMENSION SE	minger	Mer	cers		GT (	0 8 1987	35b REGIS	4	TURE	

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MULT FEE COURSE HU. TO				PER .	
	dogst 1			Takka.	
". Telli perdana nina	A PHIA HO	3000-10-	22		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIRNE

CERTIFICATE OF DEATH Thelma R. Gutkaska

REG NO 20 DATE OF DEATH 26 HOUR A AGE UN YEARS LAST BIRTHDAY

BALTIMORE CITY OR COUNTY OF DEATH

Washington County,

MONTH 25,1902 Female CAUS.

TO BIRTHPLACE IN ATE UN FOREIGN IL CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

WIDOWED DIVORCED [ USA 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Marvland ID CITY OR TOWN OF DEATH Hagerstown Washington County Hospital

126 KIND OF BUSINESS OR INDUSTRY Accountant Balto City,

13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Washington Williamspon 2750 Virginia Ave.

4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME

Leinebach Minnie 166 SOCIAL SECURITY NO

17 INFORMANT 11718 Hills 10es Rd, Kingsville, Md. John W. Roehmer, Nephew,

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause a' stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

P.M

21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC.)

214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY INJEM B PART | DR PART 21 21f LOCATION

200 AUTOPSY?

NO

AT WORK NOT WHILE 220 | certify that (I: (this haspital) attended the deceased from\_ saw the deceased alive on obove, (I) (we) (did) (did not view the body after death and that in (my) (our) opinion death accurred on the date and hour and from the couses stated

DEGREE

226 SIGNATURE 22d PHYSICIAN'S NAME (TYPE OR PRINT)

cu v) PHYSICIAN 22e ADDRESS

ATTENDING

DIRECTOR PHYSICIAN

221 DATE SIGNED

NO [

230 BURIAL CREMATION REMOVAL 10/12/87 Cremation

23c NAME OF CEMETERY OR CREMATORY Security Process

Balto, Md.

Julia Dender Garden

206 IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

24 FUNERAL DIRECTOR

FOR 87 STATE REGISTRAR

DECEASED NAME

John W.

190 DATE OF OPERATION

214 INJURY OCCURRED

NO

CERTIFICATION

MEDICAL

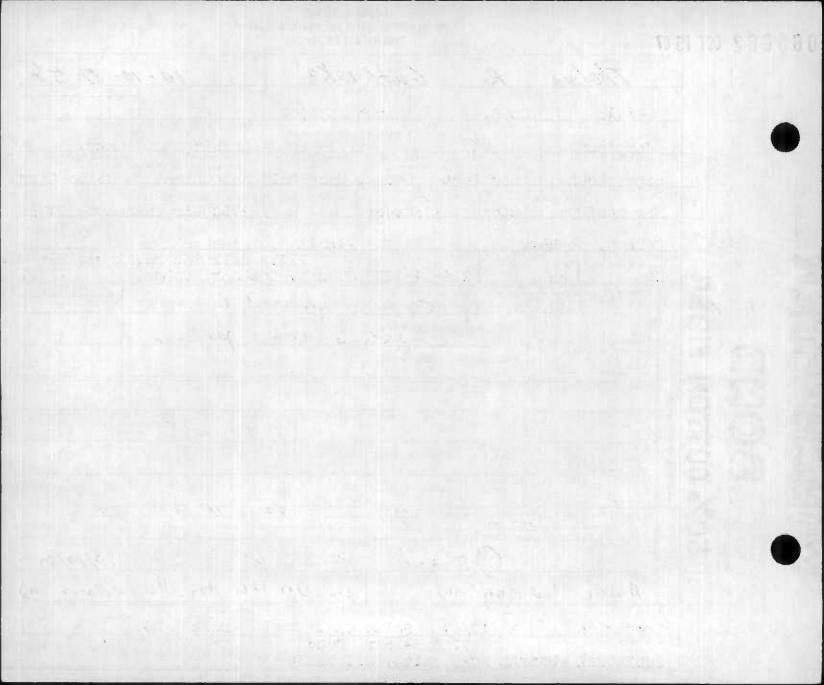
Roehmer

(IF YES GIVE WAR OR DATES)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

250 DATE REC D BY REGISTRAR 256 REGISTRAR SIGNATURE SCHIMUNEK FUNERAL HOME, Balto, Md. 21236

DHMH 16 60M 7 84 (VRA 15, 4)



069778 OCT 28 87 TATE

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA

ITAL HY	GIENÉ	0	U	0	,	
TH		REG N	40			
NG	20 DATE OF	DEATH	MONTH	DAY	YEAR	2 b

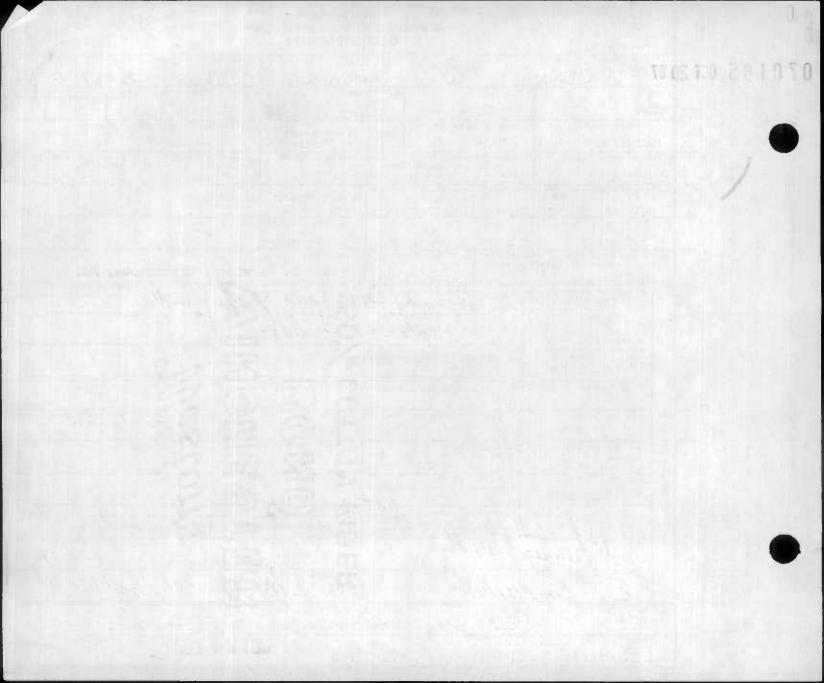
		REGISTRAR				REG N	0
		EASED NAME SAR SAR AL	rah Miron Sle	asman HA	HARDING	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 10 - 11 - 87
rs ofter	SEX	female	white	S DATE O	F BIRTH 20,1911	6 AGE TIN YEARS LAST BIR	YRS
10 25 hours	(	THPLACE I LATE OR FOREIGN DUNTRY) Maryland	76 CITIZEN OF WHAT COUN	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY C	ngton ,
notified with		y OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Washingtor	iursing home of street address)  County	Hospital	120 USUAL OCCUPAT	
ld bild b	JSUA I3o S			E BEFORE ADMISSION) R TOWN IS DUTE	YES NO 🛣		/ ZIP CODE x 26 21783
and 2 should be	4 FA	HER'S NAME	B. Slea	isman	IS MOTHER'S MAIDEN NAME Effic	WE	Ross
Poge		AS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES GIV		1 SECURITY NO 19-6419	Mr. Donald	M. Harding	Smithsburg, Md.
physicion popers. movel vent, the		18 CAUSE OF DEATH LEnter on PART I. DEATH WAS CAUSE			idial Infaret	ion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
igned the life being been plear bound the city of ather froum the city of the	z	Conditions, if any, which gave rise to immediate couse 10 stoting the underlying cause lost	DUE TO, OR AS A CON	SEQUENCE OF	NOT RELATED TO THE TERM		IDITION GIVEN IN PART 1 0
permit Then permit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
	MEDICAL CER	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.M	H DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM TO PART TOR PART Z
ter this so the bu h ond M orked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	OFFICE FARM ETC )	21f LOCATION STREET	LITY OR TO	TATE PINUO NWC
for use of Healt		220 1 certify that (I) (this hospi sow the deceased olive an above. (I) (we) (did) (did no		//			19 that if (we) lote and hour and from the causes stoted
AL DINES		Way E. C	Money of.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	
should be d with the Sta		224 PHYSICIAN SNAME (TYPE C	R PRINT)		22e ADDRESS		
2 5 3 8		URIAL, CREMATION, REMOVAL SPECIFY) Burial	0ct.14,1987	Smiths	EMETERY OF CREMATORY burg Cemetery	SNITHS D	urg, Washopiid.
16 60M 7 B4 A 15, 4)		Davis Funeral	no X Smiths	burg Md.	250 DAT	E REC D BY REGISTRAR	256 REGISTRAR'S SIGNATURE

A REAL PROPERTY.	1	W. American	
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mail which		ny top hed at at	No. of Street,
Town to the second as			az 11.av
		mississi.	and the second
1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .		Re-mer-day	on.
		SAN GRANAL	Daluks.
	e ent		
			20.3
- Andrew Technology	With the last		

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79		REGISTRAR				CERT	IFICATE OF DEATH	REG.	40		
0 5 005 0	1. DE	CEASED NAME	FIRST	. 1/4	oodrow	7	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
6 5 to OCT 29	187	OR PRINT)	LAUC	26	(1)		HARMISON	October	25	87	630
000	3 SE	X	-1100	4 RACE	00		E OF BIRTH	6 AGE (IN YEARS LAST !	IRTHDAY] IF	UNDER I YEAR	IT UNDER 2 HIRS
office of the	ma	le.		whi	te		tober 31, 1916	70	MOM	VIHS BAYS	HOURS MIN
ill in		RTHPLACE (STATE OR	FOREIGN	7b. CITIZEN OF		JIRY? 8		9 BALTIMORE CITY	OR COUNTY O	FDEATH	
12 4		laryland		USA		MARI	RIED MEVER MARRIED	Washin	_		
1 5		ITY OR TOWN OF DEA	ATH		HOSPITAL N		WED DIVORCED E	12a USUAL OCCUPA		12h KIND OF	BUSINESS OF
014 1				(IF NOT IN SU	CH FACILITY, GIVE	STREET ADDRESS)		TYPE OF WORK FOR MOS	OF WORKING LIFE)	INDUSTRY	
41/1-1-		gerstown	ING HOME OF				Hospital	head custo	odian	Board	of Edi
P 0	13a	STATE	136 COUN	VIY	13c. CITY OF	NWOT	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
		ryland	Wash	nington	Hager	stown	YES NO		Locust	Street	2174
2 1/	14 F/	ATHER'S NAME FIRST		MIDDLE	LAS	ST.	IS. MOTHER'S MAIDEN N	AME		LAST	
1 A	8	Charles		Τ.	Har	mison	Florence	e	May	K	idney
2/3/		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO	). 17 INFORMANT	ADD	RESS		
	Ι,	no	(# 725,011	t war or bales,	219-0	5-2798	Myrtle L. H	larmison, Ha	gerstow	n, Md.	
£		18 CAUSE OF DEAT PART I. DEATH W	H Enter or	nly ane cause per	line for (a), (	b), and (c) /	1	1 0	· ha	APPROXIM	NATE INTERVAL
0.0		PART I. DEATH W		D BY TE CAUSE (a)	192N1	12/1	MUNCHAN !	y Tul U	HO		
1 4 4				DUE TO, O	RAS A ROIN	REQUENCE OF	in to had	14 1			
10.5		Conditions, if any		(d)_	NV	0/4/4	117 70 1108	U			
18.1		gave rise to imr		DUE TO O	RASACON	SEQUENCE OF					
11111		underlying cause	last	(6)	M AD A COIT	0.001.10101					
A		PART 2 OTHER SIGN	VIFICANT (	CONDITIONS C	ONTRIBUTIN	G TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN	IN PART 1 a	
727 2	ON O										
11117	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?		VERE FINDING	
1811 /	Ĕ							YES T NOT	IN CERTIFYIN	NG CAUSES (	NO
	E	21a ACCIDENT WAS UNI	DERLYING [				21c HOW INJURY OCCU			- Land	
1374		OR CONTRIBUTING		ain .		H DAY YEA	AR .				
11 /	MEDICAL	21d INJURY OCCUR			M. OF INJURY	1	21f LOCATION				
1291	ME	WHILE NOT WE				OFFICE FARM ETC )		CITY OR	OWN	COUNTY	STATE
14 0						63	#1				
3 2 3		220 I certify that (I)		(4 / ) :	e decepsed i	rom 37	19	, to	, 19.		hat (II (we) lo
28 5		saw the defeas abave, (1) (we)			after death	19 0 :	and that in (my) (Dur) Dpinia	death accurred on the	date and havr a	nd from the c	auses stated
100		226 SIGNATURE	1	1 10	18		DEGREE			22c DATE S	IGNED
41.5		10//	war	71			ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN,	16-36	1.8/
20 4 1		228 PHYSICIAN'S N.	AME (TYPE	SRPRINT)	1		22e ADDRESS	2 21.1.6	11/1/	. / .	· len /
H the		[-K.	LAN	A 124 /2	N		582 MIN	1 (1)3084	1 / Jag	12/10/	Jel 1
7 ) 34	23o I	BURIAL, CREMATION,	REMOVAL	236 DATE		230 NAME O	F CEMETERY OR CREMATORY		1		
		burial		Oct.27	.1987		Lawn Mem.Park	CITY OF LOWN	wn. Was	h. Ma	ryland
	24 F	JNERAL DIRECTOR	MTNN	NICH FUN			250 D		R 256 REGISTRA		
50M 1/B1 15, 4)		5 E. Wilso	n R1	7d U22	ADD	RESS Md		06 20 98			A Section
	1 4 1	J E. WIISC	II DIV	ru., nag	EISLOW	II, Ma.	21/40				



10 - 28 - 87

DHMH 16 50M 1/B1 (VRA 15, 4)

Burial

Rose Hill Cemetery

STATE OF MARYLAND

Hagerstown, Washington, Maryland

2b HOUR

Rodgers

22c DATE SIGNED

26 Oct 1987

24 FUNERAL DIRECTOR Hagerstown, Md. Andrew K. Coffman Funeral Home, Inc.

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The state of the s

007 30 1887 June Below

067764 OCT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

~								REG. IV	0				
	(TYPE	OR PRINTS	len.	0	S.	Hi	gdon	20 DATE OF DEATH	MONIH	, 198	7	26 HOL	PM
		Male		White		5 DATE C	24, 1933	6 AGE LIN YEARS LAST BIR	YRS	IF INDER	YE AR	HOURS	MIN
5	70 BIR	RTHPLACE IS ATE OR F OUNTRY! arrowsburg	, Md.	U. S.	A.	MARRIE	D DIVORCED	Washin	ngton	OF DEA	TH		MD
7		lagerstown	TH			County F	Hospital	120 USUAL OCCUPAT (Type of work for most of Maintenan	DE WORKING LI		ISTRY	BUSINE	ding
5	130 S	L RESIDENCE (IF NURSI TATE Laryland	13h COUN	other institution by ington	13c CITY OR Hage	TOWN TSTOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1750 Gard			217	40	
1	I4 FA	THER'S NAME FIRST Bruce	-	nard	Hig	don	Mildred	WIDDLE			Sp	ence	er
	160 W	AS DECEASED EVER		MED FORCES?		0-6593	Mrs. Arys A.	Higdon, H	750 Ga	arder town.	La Md	ne	21740
	NO	Conditions, if any, gove rise to imm cause Ial, statin underlying cause	which nediate g the last	b)	R AS A CONS	EQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN P	ART 1 a		
	CERTIFICATION	190 DATE OF OPERAT	NOI	196 CONDI	TION FOR WI	HICH OPERATIO	n was performed	200 AUTOPSY?		S, WERE FYING CA			TH?
	MEDICAL CER	21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF	AUSE OF DEAT	21e PLACE (	M. MONTH M OF INJURY	DAY YEAR 19	216 HOW INJURY OCCURR	RED (ENTER NAT. RE OF P.		PARI CRP			TATE
	,	saw the decease above, (1) (we) (c	(this hospited alive on	view the body		19 ar	nd that in (my) (our) opinion of			ur and Ire	om the c	hat II (	ated
/			AME LITYPE OF	LC(AM C		20	22e ADDRESS	MEDICAL STA	CIAN				-( )
		urial, CREMATION,	REMOVAL	236 DATE 10-3			emetery or crematory urg Crematory	23d LOCATION Smithsbu	rg, W	ash.	Co.	, Mo	LATE

DHMH 16 60M 7 B4

BP.

IMPORTANT If Hem 21 is

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in b should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages 1 grid 2 should be fill with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

FOR STATE

John H. Bast, Jr. Boonsboro, Md.

21713

OCT 06 1987

Yespendant St. J. J. St. Company

CHARLE AND COUNTY OF THE BROAD STREET CONSCIONAL PURPOSED

Did Sty Bylls

Caracara de la constanta de la

TERROR OF THE STATE OF THE STAT

Bast Funeral

Home

Boonsboro, Md.

24 FUNERAL DIRECTOR

John H. Bast, Jr.

DHMH 16 60M 7 84

(VRA 15, 4)

STATE OF MARYLAND

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Niewes Seiven Hilling Co.	Jaflonda y	ming coupelines	
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erace Victorian Contractor		- 4000	astract
no Lone, Vecquetilla, Mr. 1985	and all of		
Tobalia San Carrellana	professor est	ence Integral result	- Letter

injury, or other troumatic event, the medical execut

070395

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE
LAST	20 DAT

87	REGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	10		
	CEASED NAME	FIRST		MIDDLE	l	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(1498	E OR PRINT)	Ly Lo	u.	HOFI	FMAN		00	tober	24,1987	2:06Pm
3 SE		9 20	4 RACE		5 DATE C		6 AGE (IN YEARS LAST B		IF UNDER LYEAR	IF CITYDER , A HRS
	Female		White		July	7, 1907 YEAR	80	YRS	MONTHS DATS	HOURS MIN.
70 B	RTHPLACE ATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	Maryland		U.S.A.		WIDOWE	37	Washingto		nty	MD
	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS OR
	lliamsport		Homewood	l <b>K</b> etirem	ent C	enter	Secretary		Electi	cic Co.
13a 3	al residence (# nurs state aryland	13b COU		Hagersto	/N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 856 Rolli	/ ZIP COD	ad 21	1740
14 FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		IAS	t
	David		MIDDLE	Miller		Myrtle			Frush	
	WAS DECEASED EVER		RMED FORCES?	166 SOCIAL SECU	JRITY NO	17 INFORMANT	9430	Fores	t Drive	
	No	-		214-01-5	955	Harold H. Ho		rstow	n,Md.	
	18 CAUSE OF DEAT PART I DEATH W	H Enter o	inly one cause per	line for al, (b), an	id ic	0			BETWEEN O	MATE INTERVAL ONSET AND DEATH
	PARTI DEATH W	IMMEDIA	TE CAUSE (a)	CARD	IAC	HANTET				
			DUE TO, O	R AS A CONSEOU	ENCE OF	DESTIVE HE	no In			
	Conditions, if ony,		(b)_	CHRINIC	Co	16 STIVE 116	ANT THI	CURC		
	cause ia statin	g the	DUE TO, O	R AS A CONSEQUI	ENCE OF					
	16)									
z	PARTY OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GI	VEN IN PART I	3
CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
IFIC							YES TO NOT		IFYING CAUSES	OF DEATH?
CERT	210 ACCIDENT WAS UNI				115.15	21c HOW INJURY OCCUR		URY IN ITEM 18	PART   OR PART 21	
	OR CONTRIBUTING		AIR	M. MONTH D.	AY YEAR					
MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION	CITY OR	OWN	OUNTY	TATE
Σ	AT WORK AT WO	RK	(AT HOME ST	REET FACTORY OFFICE F	FARM ETC )	SIREET	(111 0			
	22a L certify that (1)	(this hosp	oital) ottended th	ne deceased from_		. 19	, to		19	that (1) (we) last
	saw the decease	ed alive o	n lat) view the body	after death	, a	nd that in (my) (our) opinion	death accurred on the	date and ho	ivi and from the	causes stated
	ME	leh	Q For	A . /		DEGREE ATTENDING PHYSICIAN [	THE DICHE OF	AFF ICIAN	220 DATE	SIGNED 25/2)
	22d PHYSICIAN'S N.	AME (YE	OR PRINT)		J	22e ADDRESS	7	1		10/
	STEPHE	NE	· METZ	NEL, m/	1	1825 H	owere /6	4-		
	BURIAL, CREMATION,	REMOVA			NAME OF (	CEMETERY OR CREMATORY	236 LOCATION		C-NUMTY	JAIL
	(SPECIEY) CREMA	7700	10-26	12111	ithsb	urg Crematori	um Smithsbu	irg, W	ashingto	on,Md.
	UNERAL DIRECTOR			Hag	ersto	wn, Md.			TRAR'S SIGNAT	
An	drewK. Co:	ffmar	Funeral	Home, I	nc.	0.01	00 1001 g	Aug War	tidern-Rand	

DHMH 16 60M 7/84 (VRA 15, 4)

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AND THE PROPERTY OF THE PROPER

DECEASED NAME

I FATHER'S HAME

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BIRTHPLACE ISLATE OR FOREIGN

Kee Sport

PART I DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse (a), stating the

underlying couse lost

90 DATE OF OPERATION

21d INJURY OCCURRED

27k SIGNATURE

: WHITE WORK

710 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

saw the deceased olive on.

YSICIAN'S NAME (TYPE OR PRINT)

IMMEDIATE CAUSE (a).

PM

TYPE OR PRINTS

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 2b HOUR Jane. 6 AGE (IN YEARS LAST BIRTHDAY) 1917 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY Shington County Londontown MNEE 13e STREET ADDRESS / ZIP CODE Wartordsburg 15 MOTHER'S MAIDEN NAME BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one couse per line for ia), (b), and ic Can dia. DUE TO, OR AS A CONSEQUENCE OF u ecum. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lo 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [ 216 TIME OF INJURY 216 HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART OF PART 2 HOUR A.M. MONTH DAY YEAR 21 LOCATION 21e PLACE OF INJURY CITY OF TOWN OUNTY STREET AT HOME STREET FACTORY OFFICE FARM ETC ) 22a I certify that (I) (this hospital) ottended the deceased from\_ 19\_ . 19\_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death DEGREE 77: DATE SIGNED ATTENDING PHYSICIAN PHYSICIAN & DIRECTOR

DHMH 16 60M 7 84 (VRA 15, 41

DAJE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

10 (-10) Land the state of the state of

STATE OF MARYLAND CERTIFICATE OF DEATH

069557 OCT:	23 8	FOR TATE REGISTRAR			DEP		CATE OF DEATH	GIÈNE REG. NO			~
			RST	۸	MIDDLE	i.	ist	20 DATE OF DEATH	AONIH DAY	YEAR	26 HOUR
oy be age 3 deoth	{TYPE	ORPRINT! AIB	7513	19 Ar	dell	HORG	11.172	/	0 18	87	6 367 M
y pog	3 SE			RACE		5 DATE C	FBIRTH	6 AGE (IN YEARS LAST BIRTH	HDAY) IF	INDER DEAR	IF UNDER LI HRY
1 11		female		white		March	30, 1923 AR	6	4 YRS	DAYS	HOURS MIN
2 11 27		RTHPLACE ISTATE OR FOREIT	IGN 76	76 CITIZEN OF WHAT COUNTRY? 8			NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
1 12 1		Maryland		U.S.A. WIDOWED				Washi	ngton		MD
1 1 1 9		TY OR TOWN OF DEATH	1	11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County				12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF housewife	WORKING LIFE)	126 KIND ( INDUSTRY	OF BUSINESS OR
AND 2120	130 5	AL RESIDENCE (IF NURSING HISTATE 136	COUNT	HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS / Route 9,	ZIP CODE Box 14	3	1740
BALTIMORE, MARYLAND cute the recoved within 24 pages from to 100 to the recitor transmitter mu	14 FA	Russell	ME	DDLE	Wils		15 MOTHER'S MAIDEN NA Edna	Mae		Han	key
RE T		VAS DECEASED EVER IN L			166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRES	SS		
OWI P		YES NO OR UNKNOWN) (IF	FYES GIVE V	WAR OR DATES)	217-1	2-2627	Mr. Isidore	Horowitz, H	agerst	own,	MD.
that the death with the death with the attending ease remove catholic control of cremation, or or other traumatics.		Conditions, if ony, which gove rise to immediate cause lost DUE TO, OR AS A CONSEQUENCE OF  Underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF									
urres signe en pl	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a									
corp	CERTIFICATION	Severe Organic HEART 1-15-819-5 E								VERE FINDI	NGS USED
LRE In has the perne	LIFIC							YES TO NOTE	IN CERTIFYIN	NG CAUSES	OF DEATH?
DIVISION OF VITAL RECORDS, 201  NG PHYSICIAN The low requires the offending physician there is signed to as the burnal-transit permit. Then plea the and Memal Hygiene prior to burnal orked or them 18 shows any injury, or a		210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. P.M.					21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM IB PART	OR PART !	Named
MVISION  AG PHYS  after this c  as the bur  h and Me  orked or II	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e PLACE		OFFICE FARM ETC )	21f LOCATION STREET	CITY OR TOW	'N	( OUNTY	! ATE
ATTENDIN spital or CTOR Al Ifor use of thealth		22a 1 certify that (I) (the saw the deceased a obove, (I) (we) (did)	alive on_	140	15	~~~	d that in (my) (our) apinion	to to	te and hour a	nd from the	
TAL OR , y the ho y the ho detached to the Dept to the tenth to the Dept Tar I then the Dept Tar I the Dept Tar I then the Dep		226 SIGNATURE CHazy		1	6)			MEDICAL STAF		220 DATE	SIGNED 3/87
TO HOSPITAL retoined by th TO FUNERAL should be det with the Store		Mary E. W	lone					11 Axx, Hage	istour	1 12	1d 21740
To Fee F		BURIAL, CREMATION, REA	MOVAL	23b DATE	100=		EMETERY OR CREMATORY	23d LOCATION		OUNTY	TAIE
RP		burial		Oct.21	,1987	Rest Ha	even Cemetery	Hagerstown	, Wash	., Ma	ryland

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR

MINNICH FUNERAL HOME 4 FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 East Wilson Blvd., Hagerstown, Maryland 217 40 CT 22 1987

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIEN MEDICAL EXAMINER'S CERTIFICATE OF DEATH TO DATE KNOWN X DECEASED NAME (TYPE OR PRINT OF HOW DEATH MATED 3 SEX DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 20 DATE PRONOUNCED 4:35 DEAD To BIRTHPLACE TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED IB CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Retired 13b COUNTY 13d INSIDE CITY LIMITS? 13e\_STREET ADDRESS Hagerstown W.North Street 21740 Md. Washington 66 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Bel1 AST Howel Hubert 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN (YES NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Walter Davis, 661 Pennsylvania Ave. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) APPROXIMATE IN ERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2. EXECUTE THE CERTIFICATE, WRITHING THE WORR, "PENDING" IN DEBLICI IN ITE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCY TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PREMARE DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYCHE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVALLY. Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211 LOCATION STREET FACTORY FARM FTC 1 CITY OF TOWN COUNTY WHILE AT WORK Inspection 🔀 22a I certify that I taak charge of the remains described above, held on Autopsy death resulted fram-Natural causes Hamicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 10-6-87 Cedar Lawn Mem. Pk 07 84 25M 24 FUNERAL RECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH 17 (VR A15 ME (5))

182-139-88 1330 Children and the contract of t AND THE PERSON AND THE PROPERTY OF THE PARTY OF THE PARTY

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CERTIFICATION

MEDICAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH 26 HOUR & AGE (IN YEARS LAST BIRTHDAY)

DECEASED NAME FIRST George (TYPE OR PRINT) 4. RACE 3. SEX December 15, 1909 male white To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? Pennsylvania U.S.A. WIDOWED

MARRIED NEVER MARRIED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

ashinator LITYPE OF WORK FOR MOST OF WORKING LIFE! supervisor

126 KIND OF BUSINESS OR INDUSTRY aircraft 21740

Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY Maryland Washington

O CITY OR TOWN OF DEATH

13c. CITY OR TOWN Hagerstown

209-09-4846

Washington County Hospital

13d INSIDE CITY LIMITS? NO X 15 MOTHER'S MAIDEN NAME Della

13e STREET ADDRESS 1935 Greenfield Road

9. BALTIMORE CITY OR COUNTY OF DEATH

MIDOLE ADDRESS

14 FATHER'S NAME Richard

(YES NO OR UNKNOWN)

Hudson 166 SOCIAL SECURITY NO.

(IF NOT IN SUCH FACILITY, GIVE STREET AODRESS)

17 INFORMANT

Mrs. Carolyn S. Hudson, Hagerstown, MD.

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (b) PART I. DEATH WAS CAUSED BY Meconyuca IMMEDIATE CAUSE (a)\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate

220 1 certify that (1) (this haspital) attended the deceased from\_

(IF YES, GIVE WAR OR DATES)

Chance of struction DUE TO, OR AS A CONSEQUENCE OF

96. CONDITION FOR WHICH OPERATION WAS PERFORMED

cause (a), stating the underlying cause last

190 DATE OF OPERATION

21d INJURY OCCURRED

WHILE NOT WHILE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Careenoning Implayers

200 AUTOPSY?

YES [

20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

Scott

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME STREET FACTORY OFFICE, FARM ETC.)

21e PLACE OF INJURY

10/30

upperd & Amith, M.D.

211 LOCATION

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

STAFF

NOT

saw the deceased alive on 10/30 above, (I) twei tdird (did not) view the bady after death. 22b SIGNATUR

DEGREE

and that in (my) (our) apinian death accurred on the date and haur and from the causes stated

22¢ DATE SIGNED 10/31/8

STATE

E-Smith, M. D

PHYSICIAN P DIRECTOR PHYSICIAN 22e ADDRESS

ATTENDING

1708 bak Hill Ave, Hagerstown, Md

State MPORTANT should b

burial

23c NAME OF CEMETERY OR CREMATORY

Rest Haven Cemetery

Hagerstown, Wash., Maryland

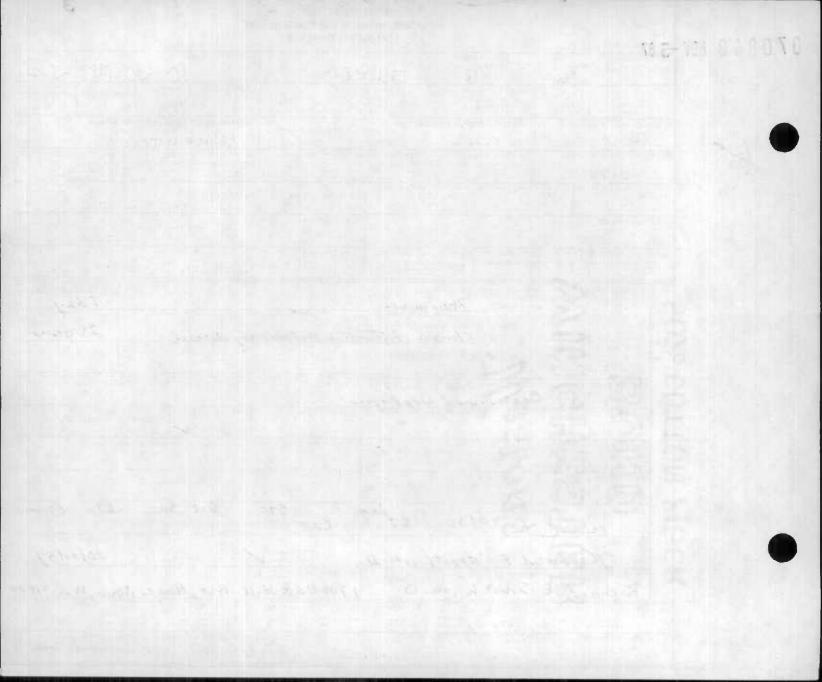
DHMH 16 50M 1/81 (VRA 15, 4)

415 East Wilson Blvd., Hagerstown, MD. 21740

Nov. 3,1987

MEDICAL

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Gulia Devidson. Randales



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGGIENE 1 - STATE REGISTRAR 20 DATE KNOWN X OF DEATH MATED Llove William 7d HOUR IE UNDER 24 HRS DAY PRONOUNCED 11:10 76 VPS Nov. 16, 1910 White 24 1987 Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE TATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY! Maryland Washington County CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS FOR MOLT OF WORKING LIFE 19516 Garret Mills Rd. Knoxville Machinist Manuf. Co. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INS. TU ION, GIVE RE. JENCE BEFORE ADMISSIONS 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS **Knoxville** 19516 Garretts Mill Road Maryland Washington YES NO IX 15 MOTHER'S MAIDEN NAME Edward Susie Clipp Fernandar Jones Ann 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO. 236-03-0540 Donald E. Jones - Boonsporo, MD 21713 8 CAUSE OF DEATH (Enter only one cause per line for (a., (b), and (c.) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shotgun wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony which gave rise to immediate cause (o) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOURXAM, MONTH DAY YEAR 24 19 87 self inflicted CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY FARM ETC.) CITY OR TOWN AT WORK AT WORK shed/home 19516 Garret Mills Rd, Knoxville, Wash, MD. PAGE & SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 Autopsy X 220 I certify that took charge of the remain along that above held an Inspection and in my opinion Suicide X Homicide \_\_\_\_ Undetermined monner Natural couse TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 10/25/87 SIGNED EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St. Balto.MD. TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 10/28/87 **OO**d Brethren Cemetery Brownsville, Wasn., MD 24 FUNERAL DIRECTOR

DHMH - 17 (V# A15 ME (5)) John T. Williams Euneral Home Brunswick, MD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BP DHMH 16 60M 7/84 (VRA 15, 4)

10/6/1987 Amaranth Brethren

Warfordsburg, Fulton, Penna. 1007 Ana Den Com

2h HOUR

12h KIND OF BUSINESS OR

Smith

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

220 DATE SIGNED

10.5

1987

INDUSTRY

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE CERTIFICATE OF DEATH

							WEO 144			
1		EASED NAME FIRST	WIDDIE	i	AST		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	(TYPE	WILLIAM	TEMPLETON		AYMAN			0 12	87	9:00 A
	3 SEX		1 RACE	5. DATE C			6 AGE (IN YEARS LAST BIR	HDAY) IF	LIVEER LYEAR	IF UNITER, A HRS
	JUSEN	0.0		MONTH				MO:	OATS	HOUR MIN
	1	MALE	WHITE	/	19	16		1 YRS	1 23	
1		RTHPLACE ATE OR FOREIGN OUNTRY	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER	AARRIED T	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
1	MA	ARYLAND	U. S. A.	WIDOWE	D DI	VORCED 🔲	WASHING			MD
1	19 CH	Y OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.</li> </ol>		OR OTHER INS	ITUTION	120 USUAL OCCUPATE	ON F WORKING LIFE)	IZE KIND O	F BUSINESS OR
-	KH/	AGERSTOWN	1039 THE TE	RRAC	E		PHYSICIA	AN.	MEI	DICAL
0	USUA	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE							- A A
d	13a S	111	111		YES X	NO 🗆	130 STREET ADDRESS /	ZIP-CODE	ACE	11946
-		ARYLAND IWASH	INGTON HAGERS	TOWN		MAIDEN NAM		. 1 L IVIV	ACL	
-		FIRST	MIDDLE		-	FIRST	WIDDLE	Ta	LAS	7
			LTER LAYMA	N	t	LIZA			MPLE	ION
/		AS DECEASED EVER IN U.S. ARE	MED FORCES? 166 SOCIAL SECU	RITY NO	17 INFORMA	NT	ADDRE	SS		
		VES WW	2 220-44-	9611	Rosi	LIE A.	LAYMAN	SE	E# 13	3
			ly one cause per line for a (b), and		1111111		· LALLIAN			IMATÉ INTERVAL ONSET AND DEATH
		PART I DEATH WAS CAUSE			PROPT	ATE WIT	H WIDESPREA	D BONE	0	
	1	IMMEDIAT	E CAUSE (o)	11401417			H WIDEOLKEN	D BOME	7 16	ARS
			DUE TO, OR AS A CONSEQUE	NCE OF	METAS	TASIS				
		Conditions, if any, which	( b)							
		gave rise to immediate cause a stating the	DUE TO, OR AS A CONSEQUE	NCE OF						
		underlying cause last	DOE TO, OK AS A CONSECUE	INCLOF						
1		DARKS OTHER CICALIFICANT	CONDITIONS CONTRIBUTING TO E	SEATH BUT	NOT DELATED	70 YUS 75044	NIAL DISCASS OD CONT	NITION CHIEN	I DADT I	
I	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO L	JEATH BUT	NOTRELATEL	TO THE TERMI	INAL DISEASE OR CON	JITON GIVEN	BVPARITO	
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8	No.	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFC	KWED	200 AUTOPSY?	20b IF YES, V IN CERTIFYIN		
4	Ë						YES NO	YES		NO []
	Ü	210 ACCIDENT WAS UNDERLYING	LIQUID A M. MONITH D.	VE AD	211 HOW IN	JURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PART	DR PART ()	
r.	A.	OR CONTRIBUTING CAUSE OF DEA		19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	17	21f LOCATIO	N				
	ME	WHILE NOT WHILE	LAT HOME STREET FACTORY OFFICE F	ARM ETC :	STREET		CITY OR LO	NN	LOUNTY	STATE
		AT WORK		ATTATIS		OF	/	40	077	
		22a I certify that (I) (the XXXX		AUGUS	1 )	19 85	10 UCTOBER	14 19	87	that (I) (MGe) last
		saw the deceased alive on	t view the body after death.	67	nd that in (my)	> opinion d	leath occurred on the do	ite and hour a	nd Irom the	causes stated
Н		226 SIGNATERE	view nie body direi dedni.		DEGREE				22c DATE	SIGNED
		> 2. 0	CF Qillion	- 2	1	TTENDING	MEDICAL STAF	F	OCT.	14, 1987
-		22d PHYSICIAN'S NAME I TOPE O	RPRINTI				EST WASHING			17, 1907
			1770, 111, M.D.				STOWN, MARY			
Щ	22 5			IAME OF S	T. METERNI DE			CAITO &	7 10	
		URIAL, CREMATION REMOVAL	236 DATE 236 P	NAME OF C	EMETERY OR	REMATORY	23d LOCATION		OUNIX	STATE
	9	DEMATION	1 1 1 - 1 6 m V / 1 C A	TTILO	DILDO	DEAMT	ODV MITII	CDIIDC	IVI A D	VIANII

DHMH 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

GERALD N. MINNICH

-8/ ISMITHSBURG CRE 305 N. POTOMAC ST. | HAGERSTOWN, MARYLAND 250 DATE RECUDENT REGISTRARY 256 REGISTRARY SIGNATURE OCT 19 1987

in Divideon Pendage

THE CASE OF THE STATE OF THE ST

THE THE PARTS OF THE PARTS OF STREET SER TO MAINTEN, MOTHERA

COMMO S. SITTO, LIE, S.U.

V PAROTON MANAGE

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page 3

FOR STATE

# STATE OF MARYLAND

**DEPARTMENT OF HEA** CERTIFIC

r mak ii	LAND	2
LTH AND	MENTAL HYGIENE	- /
ATE OF	DEATH	

REG NO

1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D.	AY YEAR 26 HOUR
HER DES	st Lee	Leatherman	October	1 87 5
3 SEX	4 RACE	5 DATE OF BIRTH	AGE INTERNATIONAL	FUNDER TYPAR IF HINDER 23
Male	White	December 7, 1917	69 YRS	ONTHE DAY HOURS
COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED XX NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCED	Washington	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A		120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS INDUSTRY
Hagerstown	Washington Count			
USUAL RESIDENCE HE NURSING HOME OR 130 STATE 136 COUN Maryland Washi		N 138 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 10 Richmond Str	reet 2/74
14 FATHER'S NAME	ingcon magerscow	15 MOTHER'S MAIDEN NA		
FIRST	MIDDLE	FIRST	MIDDLE	LAST
Clyde	J. Leather	man Vallie	V. Whi	ittington
160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES GIV	RMED FORCES? 166 SOCIAL SECUL VE WAR OR DATES) 214-09-0	Vivian L.	Leatherman d St., Hagerstown,	Md. 21740
PART I. DEATH WAS CAUSE	nly ane court per line factor, 16/2000 ED BY TE CAUSE Of A LL	evel Endles	us aid	APPROXIMATE INTERVA BETWEEN ONSET AND DE
Canditions, if any, which	DUE TO OR AS A CONSTIQUE	NCE OF Mulledin	ga like	
gave rise to immediate cause to stating the underlying cause last	DUE TO, OR AS CONSEQUE	"Selentes)	Hear Sesau	
	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 1 a
VOI V 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED

? To ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR AM MONTH DAY Y	EAR	21¢ HOW INJURY OCCURR	ED (ENTERN	AT RE OF INJURY IN IT	YES	NO []
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
WHILE NOT WHILE AT WORK	TAT HOME STREET FACTORY OFFICE FARM ET	(C)	STREET C. 7		CITY OR TOWN	COUNTY	TAT
22a L certify that (It (this hospital)	ottended the deceased from	45	. 19	to	QUA I	. 19.8/	that (I (we

saw the deceased alive an abave, (I) (we) (aid) (did not view the bady after death and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated 220 DATE SIGNED

Oct. 2, 1987 Smithsburg Crematory Cremation MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR

Smithsburg Washington Md Wilson Blvd. Hagerstown, Maryland 21740

DHMH 16 60M 7/84

MPORTANT If Item 2

MEDICAL CERTIFI

(VRA 15, 4)

BP.

110-TH RESERVE THE YOUR DISTRICT WATER TO SEE THE WAY

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
To hospital or attending physician. Tage a required morning decine by the hospital or attending physician
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funded director, page 3 should be filled within 22 hours after death
with the Store Dept of Health and Mental Hygene prior to burial, cremation, or removal.
IMPORTANT. If Hem 21 is marked at Hem 18 shows any injury, or other traumant event, the medical exagmer must be notified by dince.
111111111111111111111111111111111111111

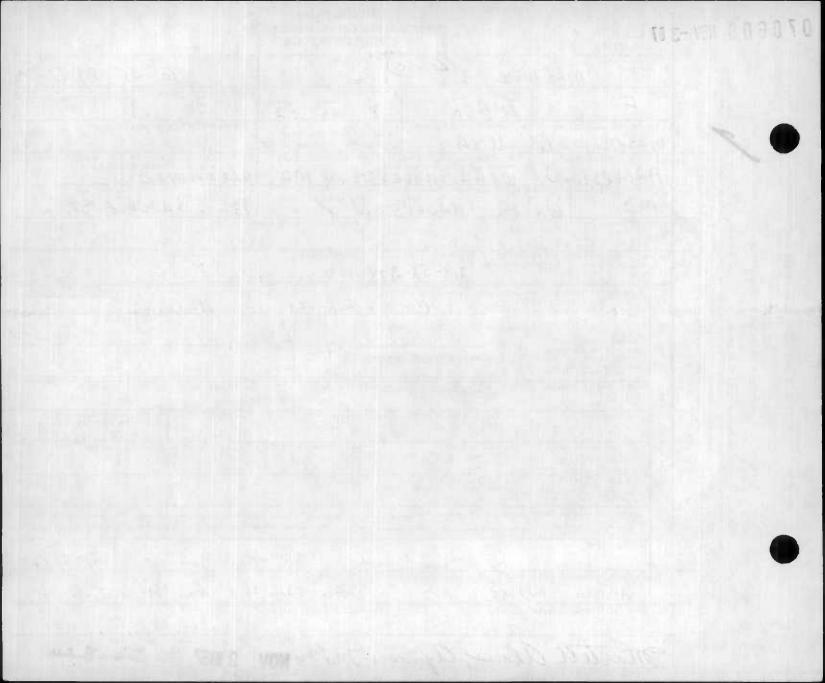
BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

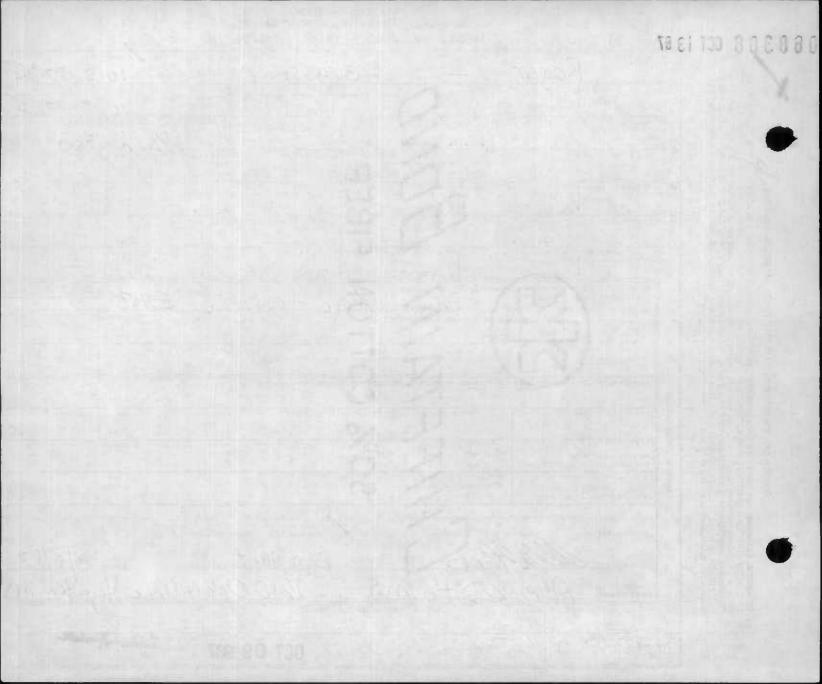
# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

VOV -3	87	FOR STATE REGISTRAR	DEPARTA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO								
		CEASED NAME FIRST	MIDDLE LOUIS		AST TE	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR			
	(TYPE	ORPRINT) MARJ	ORIF L. (LOUIS	11	E	,	10 25	871	6:20A			
	3 SE		4 RACE	5 DATE O	_	6 AGE (IN YEARS LAST BIE	EHDAY) IF	INDER I YEAR IF	UNDER 24 HRS			
	, 31	F	BLACK	MONTH	DAY YEAR 15 52	35	YRS	THS DATS H	OURS MIN.			
10 /			76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH				
pr duc		ASHINGTON CO.	USA	WIDOWE	/	122	7561		MD.			
notified	10 C	AGEPSTOWN	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, WCHAA		ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126 KIND OF B	usiness or			
must be		AL RESIDENCE (IF NURSING HOME OR STATE)	OTHER INSTITUTION, GIVERESIDENCE BEFORE NTY 13c. CITY OR TOW  S. H. HAGEL		INSIDE CITY LIMITS?	13ª STREET ADDRESS	ANUAL	E ST,	174			
exaction /	14. FA		MDDLE eo Butler		15 MOTHER'S MAIDEN NAM	ME .1dred Har	r d v	LAST				
		WAS DECEASED EVER IN U.S. AR.		RITY NO	17 INFORMANT	2282		asco R	oad			
medicol		YES NO OR UNKNOWN) [IF YES, GIV	218-52-	2178	Mildred Bu	tler Aqua		1D 206	08			
event, the		PART I. DE ATH WAS CAUSE	nly one couse per line for (0), (b), one D BY:  TE CAUSE (a)	relio	respirating s	Ausuffice	eucy	APPROXIMA BETWEEN ONS	E INTERVAL ET AND DEATH			
offic.			DUE TO, OR AS A CONSEQUE	ENCE OF		1,						
other froum		Conditions, if ony, which gove rise to immediate couse toll, stating the underlying couse last	(b) PLLQ  DUE TO, OR AS A CONSEQUE	ENCE OF	ary fibr	csi',						
lury. or	Z	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 1 o				
ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS				
tem 18 sh		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	I OR PART 2)				
rked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	ARM ETC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE			
21 is mo		saw the deceased alive on	ital) attended the deceased from		d that in (my) (our) apinion (	, to death accurred on the a	dote and hour a		it (I) (we) last uses stated			
T. If Item		276 SIGNATURE	0.54.21	( u)	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		10/25	782			
MPORTANT. If hen		ABDUL L	LAKED WYD		1610 - OAK	HIC AVE.	Uge, su.	25/011/	mo			
3 ₹	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF C	Church	23d LOCATION CITY OR TOWN Baden,	P.G.C	OUNTY M	STATE			
4 1 (01	24 F	UNERALDIRECTOR	130 000 07.1611			E REC'D. BY REGISTRAF	256 REGISTRA	R'S SIGNATUR	E			
M 1/81 4)	2	Martell C	Chams, agues	esce-	marle NOV	2 1987	hia David	won. Rand	nado"			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAUHYGIENE - STATE 87REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN TYPE OR PRINT OF R FILES. HOURS STREET IF UNDER 24 HRS d HOUR DATE LAST BIRTHDAY OUR RONOUNCED 05 Male White 8. 29 YRS 1958 19 April a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNT** MARRIED NEVER MARRIED X U.S.A. Maryland CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS OR INDUSTRY Hagerstown Washington County Hospital Maintenance Car Dealer 30 STATE 13d INSIDE CITY LIMITS? 13e STREFT ADDRESS rederick Maryland Tiamsville NO X Dr. Perry Rd/21754 A FATHER'S NAME Roger Levasseur, Sr. Katherine Pine 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 9949 DressPerry Rd. Ijamsville, MD 21754 No 220-74-1496 Diana Barkdoll 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last AS A BURIAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EN EXECUTE THE CRRTIFICATE, WRITING THE WORD "PENDIN BRE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A FAFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTHMORE, MARYLAND, 21201 PRÍOR TO BURIAL CREM CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -NO F 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART | OR PART 2) POR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED TE PLACE OF INJURY (AT HOME 211 LOCATION STREET FACTORY FARM FIC 1 WHILE AT WORK CITY OR TOWN 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Suicide death resulted from Natural causes Accident ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230 BURIAL CREMATION, REMOVAL Smithsburg Washington Maryland 10 - 5 - 87Smithsburg Crematorium Cremation 07 84 25M 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SALMAN DHMH 17 Myersville, MD 21773 Home (VR A15 ME 51)



# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

67936	OCT -	318	FOR STATE REGISTRAR		DEPAR		ICATE OF DEATH	GIENE REG. N	3 0 3 3	) )
			CEASED NAME FIRE		MIDDLE		A51	20 DATE OF DEATH		b HOUR
o pe		IIVP	E R PRINT!	NA	MARY I	OUGHMA	N	October 1.	1987	AA
pog er de		3 SE		4 R/		5 DATE	OF BIRTH	6 AGE IN YEARS LAST BIR		3 1 1 2 1 2 1 4 1
a p			Female		White		st 10, 1905	82	YRS	K MIN
135	95	1	IRTHPLACE THE URFORE GO	7b C	ITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	
1	A-		nnsylvania		U.S.A.	WIDOWI		Washingto		MD
1 23	南广	10 C	ITY OR TOWN OF DEATH		NAME OF HOSPITAL, NURS	ET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126 KIND OF E	BUSINESS OR
100	_ الق		Hagerstown		1620 Bennie A			Housewife		
MD 21.	35	130	STATE 13b	COUNTY	R INSTITUTION GIVE RESIDENCE BEFO 13c CITY OR TO 13c CITY OR TO	WN	13d INSIDECITY LIMITS?	13e STREET ADDRESS 1620 Benni		740
T + 157	1	14 F	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME	- 11VOII GC - GI	7 10
W S SN	1/	1	John	MIDDL	Winghart		Elizab	eth	Lutzenker	tzer
SE A	0		WAS DECEASED EVER IN U.		FORCES? 166 SOCIAL SE		17 INFORMANT	ADDR		
BALTIMOR	hedi		NO IF Y	ES GIVE WAR	176-36-	7194	James P. Win	ohart Ha	gerstown, Mary	v1 and
ALTI Coor	the t	F	IN CAUSE OF DEATH FO	to: only on	ne cause per line for a (b)		1	5.1.4.2.		ATE INTERVAL
8 9 44	ent,		PART I DEATH WAS C.	AUSED BY		45	l'ac an	97	BETWEEN ON	SEI AND DEATH
15 1	ic ev		IMMI	EDIATE CA			ola Coo	1		
107	₩ tom				DUE TO OR AS A CONSEC	UENCE OF	and the Con	diovasculo	Dalcad.	
RES	trou		Conditions, if any, which	te 1	b) Hite	118300	Perotik Can	a ovas a co	~ 01 F-12	
201 W. PRESTON ST	ther		cause a stating the		DUE TO, OR AS A CONSEC	UENCE OF				
s s s s s s s s s s s s s s s s s s s	0			_ (	(c)	2.05.454.6				
	Jury,	Z	PART 2 OTHER SIGNIFICA	ANT CON	DITIONS CONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART I g	
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low require otherding physician ther this certificate has been sign os the burd-tronsit permit. Ther the hond Mental Hygene prior to b.	2	CERTIFICATION	190 DATE OF OPERATION	-	196 CONDITION FOR WHIC	HOPERATIO	NI WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDING	STISED
REC law as b as b	000	FIC.	IN DATE OF OPERATION		176 CONDITION TON WITH	. OF ENATIC	IN WAS FERFORMED		IN CERTIFYING CAUSES OF	F DEATH?
TAL The coor	Shov	- E	71m ACCIDENT WAS UNDERLYIN	· -	216 TIME OF INJURY		216 HOW INJURY OCCUR	YES NOL		NO [
Physical Hroning Introduced International Internatio			OR CONTRIBUTING CAUSE		HOUR A.M. MONTH	DAY YEAR	ZIE HOW INJURY OCCUR	KED (FULLE NET BE DE IVI	k IEM 8 PART RPART,	
SICI SICI cert cert	Hen	MEDICAL	LIFEITHER NOTIFY MEDICALEX	AMINERI	PM	19				
PHY end; this	O	A O	21d INJURY OCCURRED		21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE	E FARM ETC	21f LOCATION	114 18 .	IVN	TAIE
NG NG off	orke		A WORK A N TRK							
ND ND NO	5 E				attended the deceased from		19	to		at II we last
RECTO RECTO pt of b	2 1		saw the deceased ali above, (I) (we I did) (a	ve on lid not vie	w the body after death.	0	nd that in (my) four apinion	death occurred on the d	ate and hour and from the co	uses stated
OR or had	#e#		226 SIGNATURE				DEGREE		22c DATE SI	GNED
7 4 7 4 9					( ). will an	_4 ~	ATTENDING PHYSICIAN [	DIRECTOR PHYSIC		87
SPITA d by NERA be de	A /	1	22d PHYSICIAN S NAME				27e ADDRESS			
HOSP amed FUNE	PORTAN		Abdul N	Vahee	d MD		1610 Oak I	Hill Avenue	Hagerstown,	Md.
She She	₹	23a	BURIAL, CREMATION, REMO	OVAL 23	b DATE 23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP			Burial				ion Cemetery	West Union	Greene Pe	enna.
			UNERAL DIRECTOR					TE REC D BY REGISTRAR	256 REGISTRAR'S SIGNATUR	
DHMH 16 60A (VRA 15, 4		Aı	ndrew K. Coff	man F	uneral Home,	Inc.	) nc	T 07 1097	Letia Davidson-Man	della

067936 007-247

00T 07 1387. Jan. Kalendar

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

069362 001125 PT RAR REG NO DECEASED NAME MIDDLE 2n DATE OF DEATH 26 HOUR 10 oroth AGE (IN YEARS LAST BIRTHDAY) 1912 TO BIRTHPLACE Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED . NEVER MARRIED CITY OR TOWN OF DEATH 13e SIREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? NSWICK PEACH TREE 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME 17 INFORMAN HEYES GIVE WAR OR DATEST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Pheunon Conditions, if ony, which gave rise to immediate cause at, stoting the of fructure bulunary Dike underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NOT NO [ YES [ 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED [ENTER NATURE OF IN URS IN ITEM 18 PART OF PART HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL HE EITHER NOTIFY MEDICAL EXAMINERS PM 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY EAT HOME STREET FACTORY OFFICE FARM ETC I TITY OF TOWN STREET AT WORK AT WORK 220 | certify that (1) (this hospital) attended the deceased from. 19\_ \_\_, and that in (my) (our) apinion death occurred on the date and hour and fram the couses stated 226 SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS H1304L

231 NAME OF CEMETERY OR CREMATORY

BP DHMH = 16 60M 7/84

MPORTANT

State Anatomy Board (VRA 15, 4)

Removal

24 FUNERAL DIRECTOR

230 BURIAL CREMATION REMOVAL

236 DATE

10-11-87

Balto. Md.

23d LOCATION

250 ONE REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE

they we have a man come they well received a man

DHMH - 16 50M 4/83

(VRA 15, 4)

TO THE TERMINAL DISEASE OF CONDITION DIVIN IN PART UP 19k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 983 III THE HOW INJURY OCCUPRED AND INVESTIGATION OF SHAPE OF SHA our) opimon death occurred on the date and hour and from the causes stated 1459 Potomac Ave. Hagerstown. (SPECIFY) Riverview Cemetery Oct. 27, 1987 Williamsport Washington Maryland 25a DATE RECID. BY REGISTRARIZSE REGISTRARIS SIGNATURE 24 FUNERAL DIRECTOR Major M. Osborne Williamsport, MD 21795

STATE OF MARYLAND

2h HOUR

12h KIND OF BUSINESS OR

Aircraft

18 2- 1711-1 88 0 7 0 200 3 0 1887 ALL STATE TOO

DHMH = 16 60M 7/84

(VRA 15, 4)

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

	FOR STATE REGISTRAR			F HEALTH AND MENTAL HYÖ FIFICATE OF DEATH	REG NO	
	1 DECEASED NAME PRIST	14 RACE	M. M	UMMERT TE OF BIRTH	20 DATE OF DEATH MONTH DA	3 87 9: 20 M
1	Emale	cauc	\	3 22 134	53 YRS	ONTHS CAPE HOURS MIN
1	70 BIRTHPLACE IN ATEORFOREIGN COUNTRY) Penna	76 CITIZEN OF W		RIED NEVER MARRIED DIVORCED DI	Washington County	OF DEATH
1	10 CITY OR TOWN OF DEATH Hagerstown	11. NAME OF H		AE OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
200	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COU	NTY	give residence before admission of the community of the c	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 5300 Bino Rd. Greend	astle, PA. 17225
	David	MIDDLE A.	Gerhold	15 MOTHER'S MAIDEN NA	Elva	lornbaker
	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN)   1 (# YES GI	RMED FORCES?	166 SOCIAL SECURITY NO 186–28–5821	Alvin E. Mummer	t 5300 Bino Rd. Gree	ncastle, PA. 17225
-	18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUSI	nly one couse per l ED BY TE C AUSE (0)	Pulma	ary insuft	ficiency	BETWEEN ONSET AND DEATH
		(c)	Metasto as a consequence o	the breas	+ carcinama	N IN PART Ita
7	190 DATE OF OPERATION  190 DATE OF OPERATION  110 ACCIDENT WAS UNDERLYING [	196 CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
7	OBCOLURNING CALVE OF BE	ATH HOUR A.M	MONTH DAY YE	AR 9	RED (ENTER NATURE OF INJURY IN ITEM IS PAI	R1   OR PART 71
	GIF EITHER NOTIFY MEDICAL EXAMINE  AT MOTIVALE  AT MOTIVA	21e PLACE C	OF INJURY ET FACTORY OFFICE FARM ETC	211 LOCATION	CITY OR TOWN	COUNTY
	220 Lecrify that Whis hasp saw the deceased blive or obove II (we) did idid no 221 SIGN AURE 221 PHYSICIAN'S NAME (1798)	of view the body of	aneum D	DEGREE  ATTENDING PHYSICIAN PARTIES ADDRESS  363 S. C	leveland Ave	ond from the couses stoted  120 DATE SIGNED  10/13/87  Hagarstain, M.
	23ª BURIAL CREMATION, REMOVAL (NPECIFY) Burial	10-17-	1987 Macedon	ia Church Cemetery	Antrim Twp. Fran	nklih Co. PA
	Robert C. May 112 E.	nich-Mille Baltimore	r-May Funeral H Street Greend	ome 250 DA astle, PA 172250C	TERECO BY REGISTRAR 756 REGISTR	AR'S SIGNATURE

		FOR
l	_	STATE
		DECISTRAD

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	' '	REGISTRAR		CERTI	FICATE OF DEATH	REG. N	10		
6 9 8 6 0 a OCT 27	197	CEASED NAME FIRST	MI	IDDI€	LAST			AR 26 HOUR	
2 0 0 0 500 51	1	SHIRLEY	FVI	FLYN NEI	11	OCTOBER 1	5, 1987	10:4pm	
may po	3 SE		4 RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BE			
rs of	I E	FMAL F	WHITE	JUNE	0 1075	52	YRS	DATS HOURS MIN	
Poor Poor	Ta BI	RTHPLACE I TATE OR FOREIGN	75 CITIZEN OF W	HAT COUNTRY? 8	ED XX NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	Н	
nero n 72			11 0	A WIDOW		MAGUITA	CTON COUNT	v MD	
with with	10 10	TY OR TO DE ATH		SPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OSTUPAL	OF MORRING TIES INDIAS	ND OF BUSINESS OR	
by the	J H	AGERSTOWN	520 1	AI NA	STREET	CLERK	R	RETAIL	
ND 21201	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 13b COU		GIVE RESIDENCE BEFORE ADMISSION 136 CITY OR TOWN HAGERSTOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		REET	
thin thin		THER'S NAME			15 MOTHER'S MAIDEN NA	ME	ULBERKI DI		
marktanb ed within 24 mpletely filler pho 2 should		CLARANCE	WIDDIE	MARTIN	UNKNOWN	MIDDLE	Tro	UTMAN	
		VAS DECEASED EVER IN U.S. AL		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDR	R <b>E</b> SS		
BALTIMORE,		(IF YES, GI	VE WAR OR DATES)	/	GEORGE T. N	EILL SAME A	s 13		
sALT are b are b rpers.		18 CAUSE OF DEATH (Enter o	nly one cause per li	ine prig (b) and c	^		AF BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH	
: 4000		PART I DEATH WAS CAUS	TE CAUSE (a)	Callyor	na Lang	X		1484	
PRESTON ST he death certified on the death certified on the other matters, or ren				AS A CONSEQUENCE OF	0	,			
death death		Conditions, if ony, which	( b)	AS A CONSCOUNTED OF					
he o emo		gove rise to immediate cause of, stating the	DUE TO OR	AS A CONSEQUENCE OF					
by the light of the control of the c		underlying cause lost	1000 10,00	AS A CONSEQUENCE OF					
gned by or		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH BY		AINAL DISEASE OR COM	NDITION GIVEN IN PA	RT 1 a	
RDS equi	NO NO	ala	witio.	r. hal	nether				
L RECORDS.  The law requirements been significant. There is printed to be any injury.	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERE FIN CERTIFYING CAL	INDINGS USED USES OF DEATH? NO []	
DIVISION OF VITAL  ING PHYSICIAN The attenting physician witer this certificate his os the burial-transis in and Mental Hygien orked or Item 18 shay	1 8	21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR				
Physical Phy		OR CONTRIBUTING CAUSE OF DE	A10	A. MONTH DAY YEAR A. 19					
ON C HYSIC Iding Its cel buric Men or Ite	MEDICAL	21d INJURY OCCURRED	21e PLACE O	F INJURY	211 LOCATION		OWN	TATE TATE	
VISI G PF er th the and ked ked	¥	WHILE NOT WHILE AT WORK	(AT HOME STREE	ET FACTORY OFFICE FARM ETC )	STREET	CITY OR I	OWN	JIAIL	
DIN aft		22a.   certify that (I) (this hasp	ital attended the	deceased fram	1907	to	19	that (I) (we) lost	
TTEN TOR TOR of Ho		saw the deceased alive of obove, (1) (we) (did) (did no	que	9 19 18/	and that in (my) (aur) opinion	death occurred on the o	date and hour and from	n the couses stated	
R A A BEC REC Spt sept		226 SIGMATURE	of view the body o	7	DEGREE		22c [	DATE SIGNED	
the half of the beat of the be		Sthoup	7.11	ura	ATTENDING PHYSICIAN T	MEDICAL STA	AFF	10/10/8-	
PITA by Store do	1	22d PHYSICIAN'S NAME MYPE	OR PRINT)	- 17 17	/ 22e ADDRESS	_ DIRECTOR _ THIS	1/	2	
to HOSPIT.		12001C	A +	- MG	366 M	ll IT.	Hagers	oun	
Of of Market	23a E	BURIAL, CREMATION, REMOVAL	123b DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION	0		
BP		BURIAL	10-20-		GAP VETS. CEM.	CUMBERLAN	ND WASH.	MD.	
	24 FI	JNERAL DIRECTOR			Tax = :	TE REC D. BY REGISTRAL	R 256 REGISTRAR S SIC	SNATURE	
DHMH = 16 60M 7/84 (VRA 15, 4)	G	ERALD N. MINNIG	CH HAGE	N. POTYMAC RSTOWN, MARY	AND	4 6 1987	- www.com	1	

TO HOSPITAL OR ATTENDING PHYSICIAN The law etained by the haspital or attending physician

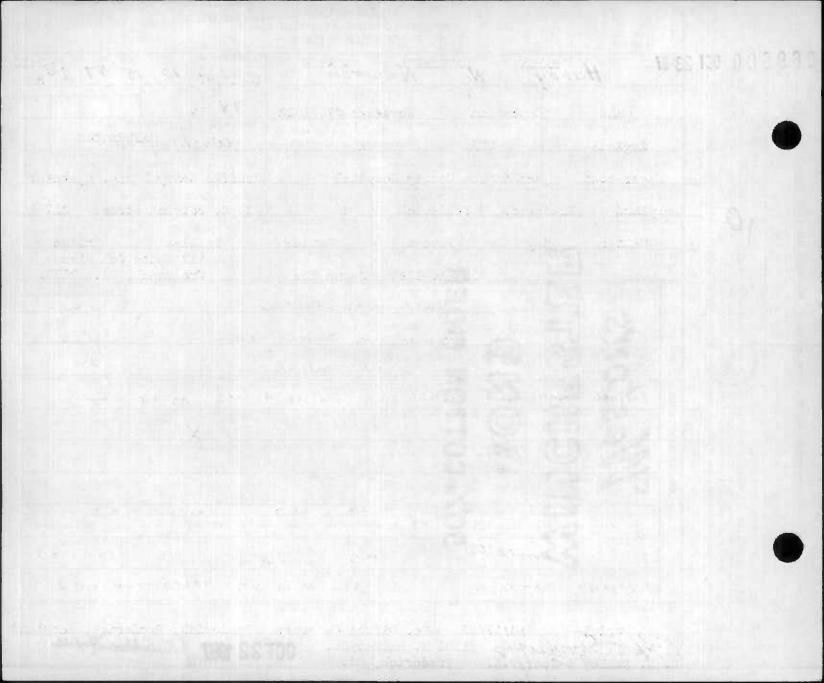
BP\_ DHMH 16

0696

FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE

	RE	GISTRAR				CERTII	ICATE OF DEAT	Н	REG	NO			
OCT 23	FT A	SED NAME	FIRSTHAR	RY	NATHA	NIEL	NEWTON		20 DATE OF DEATH	MONTH 10	DAY	YEAR	26 HOUR2:30
_		170	arry		N·	- ,	utan		10/15/87		15	RIVEAR	OS A M
3 3	SEX		11	RACE		MONT	OF BIRTH H DAY YE	EAR	6 AGE (IN YEARS LAST)	SIKIHDAY	MON'NS	DAIS	HOURS AIN
		Male		aucasi			ber 01, 18	9¥2	17 74	YRS			
10	BIRTH	PLACE INTATE OR S	OREIGN 71	CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRI	ED 🗆	9 BALTIMORE CITY				
		irginia			SA	WIDOW			Wasi	7/19	shir		MU
20 10	CITY	OR TOWN OF DEA	ATH 1		HOSPITAL, NU CH FACILITY, GIVE :		OR OTHER INSTITUTION	ION	120 USUAL OCCUPA			KIND OF	F BUSINESS OR
1		gerstown				inty Hos	pital		Retired h	eavy I	Equip	o. Or	perator
130	UAL R	ESIDENCE (IF NURS	136 COUNT	THER INSTITUTION	130 CITY OR		1 13d INSIDE CITY LIA	MITS?	13e STREET ADDRESS	ZIP COI	DE		
M	arv	land	Frede		Frede		YES NO		824 E. Pa			eet	21701
14	FATHE	R'S NAME		DDIE	LAS'		15 MOTHER'S MAIL					1.A5T	
1/	1	Walter	Ra			vton	Katie	A	Pau1	ine			line
160	WAS	DECEASED EVER	IN U.S. ARM	ED FORCES?		SECURITY NO	17 INFORMANT			2 Whit	-0 0		
176	(YES P	NT -	( IF YES GIVE	WAR OR DATES)	21/ 1/	1764	Toons Too			ederic			
4	T.	No	11.5.			0-1764	I Joann Lee	<u>e</u>	FI	ederic	K., 1	APPROXI	MATE INTERVAL DISET AND DEATH
	18	PART I DEATH W	AS CAUSED	BY							-		
			IMMEDIATE	CAUSE (0)		aldic 1	usp. Fr	Mu				P.	mr-
				DUE TO, C		SEQUENCE OF	- 5 4					. 0	
		onditions, if ony		(b)_	Hyp	erand	an Diete	U.Z	Come		_	( &	
	CC	ouse a statir	ig the	DUE TO, C	R AS A CONS	SEQUENCE OF						4	-
	-	nderlying couse	lost	( (c)_		Diat	its mell	rlis				,	
		RT 2 OTHER SIGI	VIFICANT CO	ONDITIONS C	ONTRIBUTING	STO DEATH BU	T NOT RELATED TO TH	HE TERMI	NAL DISEASE OF CO	NDITION G	IVEN IN	PART 1 a	1
0		Pretable	sephic	emil,	PLAT	2th CV	A Entre	th A	IM S	ASCVI	0,00	Man	dia
Z PRINCATION	19a	DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		YES TO NO	IN CERT			OF DEATH?
7	210	ACCIDENT WAS UN	DERLYING	216 TIME C				OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM I	B PART OF	PART 2	
/	0.0	CONTRIBUTING		,		DAY YEAR							
MEDICAL	21	IF EITHER NOTIFY MEDI			OF INJURY	19	21f LOCATION						
AFF	11					FFICE FARM ETC )	STREET		( ITY OR	IOWN	( (	NIA	STATE
	All	HILE NO'WI	IN R				1						
	220	I certify that (1)					2.7 19	83		()			that it (we) lost
		sow the deceas abave, (1) (we) (	ed plive an _ did (did not	view the body	after death	19	ind that in (my) (our)	obinion q	leath occurred on the	date and h	our and f	rom the	couses stated
	221	SIGNATURE			FF		DEGREE						SIGNED
			Va	1-125	- Q		MD ATTEN	IDING ICIAN	MEDICAL ST	AFF SICIAN []		10-1	2.8)
1	220	PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDRESS						
		VASAW-	r DA	TTTA,	no		334 M	166	ST, MA	LERST	D WW	MI	02174
23	BURI	AL, CREMATION	REMOVAL	TIE DATE		23c NAME OF	CEMETERY OR CREM	ATORY	23d LOCATION				
	(SPEC			10/17	107	M4 01 :	Seest Comet		CITY OR TOWN	1. E	od ox:		Marylan
24	HOTE	Burial	250	10/17	Property of		vet Cemet		REC D BY REGISTR				UPLOO
84	7	per Ch	tuke	4/2		N. Marl		OCT	22 1987	Fred De	CLY GODIN	May	
R	F	Dailey	A SOU	VP.A.	Fr	ederick.	Md.		- MANUAL	7	-	-	A



#### CTATE OF MADVIAND

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1
CERTIFICATE OF DEATH	

- STATE DECLASED NAME To DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Marth 3 SEX 5. DATE OF BIRTH MONTH DAY white female November 13,1900 86 To BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Pennsylvania U.S.A. WASHINGTON ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 2a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BOUNESTORD FAHRNEY KELDY MEMARIAL ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 13b COUNTY CITY OR TOWN Pennsylvania Centre Bellefonte

(IF YES, GIVE WAR OR DATES)

13d INSIDE CITY LIMITS? NOF 15 MOTHER'S MAIDEN NAME

Minnie

16823 13e STREET ADDRESS / ZIP CODE MIDDLE Eckley

4 FATHER'S NAME Charles

no

Reese 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

LAST

195-16-8062

166 SOCIAL SECURITY NO 17 INFORMANT

Mr. Gilbert C. Noll, Hagerstown, Maryland

housewife

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING \_\_ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED TIE PLACE OF INJURY

190 DATE OF OPERATION

AL WORK NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME STREET FACTORY OFFICE FARM ETC.)

19\_

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART / 211 LOCATION

20n AUTOPSY?

22a | certify that (1) (this hospital) attended the deceased from saw the deceased alive on\_ above, (1) (we) (did) (did not) view the body after death

DEGREE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

724 PHYSICIAN'S NAME (TYPE OR PRIM

1610-

22e ADDRESS

19\_

(SPECIFY) burial

22h SIGNATURE

23c NAME OF CEMETERY OR Centre County Memrk 23d LOCATION CITY OR TOWN

LITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

State College. Centre, PA.

IMPORTA ld b

à

80

0

CERTIFICATION

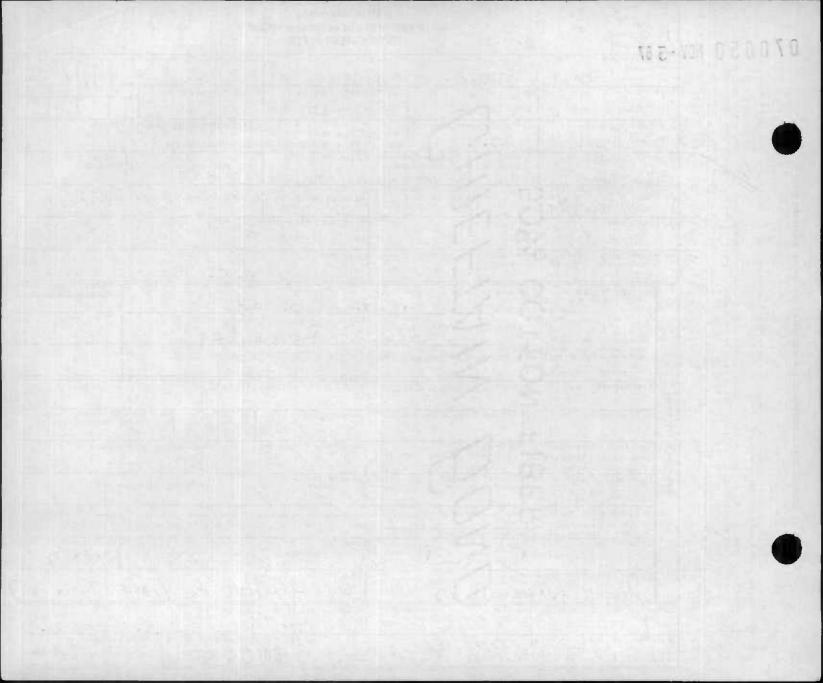
MEDICAL

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 East Wilson Blvd., Hagerstown, Maryland

dia Davidson Randale

DHMH 16 60M 7/84 (VRA 15, 4)

Stot



27d PHYSICIAN'S NAME

230 BURIAL, CREMATION, REMOVAL

Burial

Eric M.

CREANT

9.6

DHMH 16 60M 7 84 (VRA 15, 4)

- STATE

TYPE OR PRINTS

REGISTRAR DECEASED NAME

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND CERTIFICATE OF I

nthony

DEPART	CERTIFICATE OF DEATH	REG NO	
JAMISON A	USBAUM	Oct. 18.19	787 8 45/MM
RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER YEAR IF INDER THE
Caucasian	oct. 16, 1932	55 YRS	MIN CHOCKS MIN
76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	OFDEATH
U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Washington,	AAD
	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
(IF NOT IN SUCH FACILITY, GIVE STREET  Washington  E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	Co. Hospital	Serv. Rep.	None
corotter institution give residence before reducing the residence reducing the residence reducing the reducing the residence reducing the reduc		13-STREET ADDRESS / ZIP COD	h St./21788
Nusbaum Nusbaum	He I en	WIDDLE	Jamison
ARMED FORCES? GIVE WAR OR DATES)  166 SOCIAL SECU 217-28-	-5432 Mrs. Doro	othy Nusbaum $_{ m T}^{ m ADDRESS}$	05 E. Main St. hurmont, Md. 21
		700 AUTOPSY? 706 IF YE	S, WERE FINDINGS USED
		YES NO Y	
716 TIME OF INJURY HOUR A.M. MONTH D. P.M.  716 PLACE OF INJURY	AY YEAR  19  211 LOCATION	RED TENTER NATURE OF INJURY IN ITEM 18	
(AT HOME STREET FACTORY OFFICE I	FARM ETC ) STREET	- CITY OF LOWN	OUNTY
on 19 19	27 and that in (my) (our) opinion	death occurred an the date and how	19 3 that I (we last or and from the causes stated
() ()	DEGREE		224 DATE SIGNED
Want it my	ATTENDING PHYSICIAN J	MEDICAL STAFF DIRECTOR PHYSICIAN	10-18-87
? M	.D. Hagersto		
	NAME OF CEMETERY OR CREMATORY Blue Ridge Cemet	23d LOCATION CITY OF TOWN TE REC'D BY REGISTRAR 256 REGIS	Frederick, Mo
	Main Street NOV	0 6 1937	IKAK S SIGNATURE

TIDE THE BEDIT

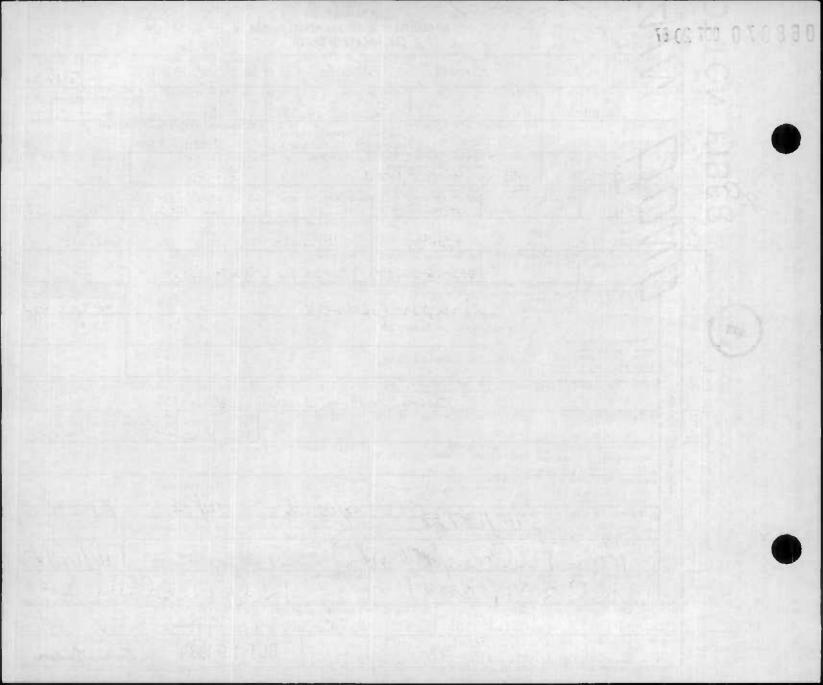
DHMH 16 60M (VRA 15, 4)

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

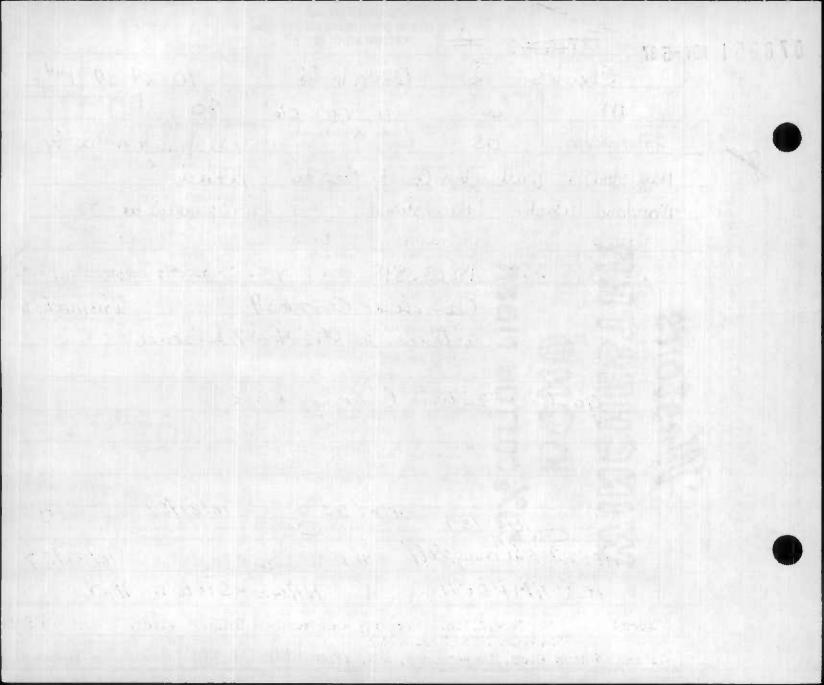
REG. NO.

Н		CEASED NAME	Jane		arrett		o'Keefe		oate of Death October 1:			26 HOUR	
	3 SE>	X	4	RACE		5 DATE C		6. AC	GE (IN YEARS LAST BIR	IHDAYI	IF THE YEAR	IF THER IF	HRS
	0	female	е	white		Ос	tober 14,19	17	69	YRS	IONING DATS	HOUR	NIN.
5	(	RTHPLACE (STATE ORF	OREIGN 76		HAT COUNTRY?		D NEVER MARRIED	_	ALTIMORE CITY O	_	OF DEATH		
5		Maine	TH 1		SA OSPITAL NURSIN	G HOME C	DIX DIVORCED [		Washir USUAL OCCUPATION		12b KIND OF		MD
C		Hagerstowi	n	955 Gr	racility, give street in the combrian	Roa			ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY				
1	13a S	Maryland	136 COUNTY		Hagers	N	13d INSIDE CITY LIMITS?	? [3e.S	955 G	zip code cenbr	riar Roa	d 21	1740
( Cana	IA FA	THER'S NAME	MILM	DDLE	LAST	1 = 1	15 MOTHER'S MAIDEN I	NAME	MIDDIE		LAST		
5/	1	George	A		Phillip		France	S			Barre	tî	
1	(7	VAS DECEASED EVER		VAR OR DATES)	053-16-9		17 INFORMANT	Olk	ADDRE				
2		no					Thomas S.	. U N	veere, or	•	APPROXIM.	ATE INTERVAL	
ent,		PART I DEATH W	AS CAUSED	BY			soma				BETWEEN ON	SET AND DEA	-12 D .
) All 6			IMMEDIATE		AS A CONSEQUE	),	JOSPICC			-	1	-	4
		Conditions, if any,		( 1b)		INCE OF							
The Land		gave rise to imm cause to statin underlying cause	g the	DUE TO, OR	as a conseque	NCE OF							
0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE									EN LIN L DADZ 1		
njury	ATION	Broncho I were more and conditions contributed to the terminate disease or condition given to											
À L	CERTIFICATI	198 DATE OF OPERA	ION	196 CONDIT	TION FOR WHICH OPERATION WAS PERFORMED			20	ES NO		, WERE FINDING YING CAUSES O		
6	AL	21a ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	216 TIME OF HOUR A.M	MONTH DA	Y YEAR	21c HOW INJURY OCC	URRED (	ENTER NATURE OF INJUR	PA R M3FI MI Y	ART OR PART 21		
10	MEDIC	21d INJURY OCCURE	RÉD	21e PLACE O	FINJURY	ARM ETC 1	211 LOCATION		CITY OR TO	WN	COUNTY	STATE	F
Orke	_	AT WORK NO' WH							( ) / ,	7			
e S		220 I certify that (I) saw the decease		attended the	2 Rom-	0.0	nd that in (my) (pur) apinio	on death	o	ate and hour		at II (we)	
E		22b SIGNATURE	lid Idid nat	view the body o	fter death.		DEGREE	or deam	occurred on me de	ne and naoi	22c DATE SI		
1 1		Rof	19,00	60	unhace	CM	ATTENDING PHYSICIAN	ME ME	DICAL STAF	F IAN 🗍	10/1	4/1	37
7		22d PHYSIGHAN'S NA	ME (TYPE OR P	RINI)	be/	1	77e ADDRESS	V 0	14eu	500	aur	nd	
3		BURIAL, CREMATION,	REMOVAL	23b DATE			EMETERY OR CREMATOR		LOVATION (ITY OR TOWN		OUNTY	11416	
		burial					ven Cemete		Hagersto				and
/84		INERAL DIRECTOR			UNERAL			OCT	1 9 1987	/ .	Deviden.	-	
	L .	415 E. Wils	SUII DI	vu., n	gerstow	11, 1010	u. 21/40		2 0 .001	U	Daniel V.	Lucian	



0001 101		CEASED NAME FIRST	Ro	bert	I AST	1	20 DATE OF DEATH MONTH		HOUR
ge 3	TYPE	Charles Charles	S	R.	ORer	docff	10 0	09 87 1	44 P W
poo bo	3 SE	(	4 RACE		5 DATE OF B		6 AGE (IN YEARS LAST BIRTHDAY)	IF INDER YEAR IF JE	N()ER JEHR
s of		m	L	)	MONTH	OS OLO	80 YR	MONTHS DAY	MIN
Pog d	7a BI	RTHPLACE THATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH	1
oth 72	Í	Pennsylvania	D	S	WIDOWED	DIVORCED T	1 Dashing	ton Coun	'ty MD
0	_	TY OR TOWN OF DEATH	11. NAME OF		NG HOME OR	THER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUS	SINISSOR
10 to 1	H	acerstown	iashi	CHEACILITY, GIVE STREET	DU ATY	Hospital	Retired WORK FOR MOST DE WORK M	GLIFE) INDUSTRY	
hour in hour dobe	USU:	AL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION	HIG CITY OR TOW		INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DDE 1 5	212
12 th	N	bryland lux	ish.	Hagers	7100	ES NO X	117 Cleaniew	Ro	70
X B Cote	III.EA	THER S NAME	MIDDLE	LAST		MOTHER'S MAIDEN NA	WIDDLE	1.1 - IAST	
ted on the		Charles		Orendor		Lottie		Hammi	
dico des		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO 17	INFORMANT	ADDRESS		110
be ene		yes W	SIVE WAR OR DATES!	1188 03	28781	Mrs. Sally	C. Orendorff,		
ysicii oper vol		18 CAUSE OF DEATH Enter PART I DEATH WAS CAU	only ane cause pe	r line lor la , ib , or	nd is		CV	APPROXIMATE BETWEEN ONSET	AND DEATH
on ph ewer			ATE CAUSE (0)	(and	Mac	Cime	7	Lmme	chalo
th ce corb orro			DUE TO C	OR AS A CONSEOU	ENCE OF	-4. 1	16		
deo oove tron		Conditions, if ony, which	(d·b)_	arlen	rascki	relic He	ail Diseas	1	
the remo		gave rise to immediate couse to, stating the	DUE TO, C	R AS A CONSEQU	ENCE OF				
thot d by eose ol, c		underlying cause last	( ( )						
gne gne buri bury, q	7	PART 2 OTHER SIGNIFICAN	L CONDITIONS C	ONTRIBUTING TO		1/	MINAL DISEASE OR CONDITION	GIVEN IN PART 1 a	
The The	9	Gast	round	esun		remont	0		
hos be permit ene prim	CERTIFICATION	198 DATE OF OPPRATION	196 CONE	OITION FOR WHICH	OPERATION V	WAS PERFORMED		YES, WERE FINDINGS I RTIFYING CAUSES OF D YES ()	
ysicite cote cote hyginal Hyginal Richard	GE	21a ACCIDENT WAS UNDERLYING				It HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	TS PART OF PART	
Clar pritting olitr		OR CONTRIBUTING CAUSE OF	DEATH	i.m. month d ?m.	AY YEAR				
HYS Comes Constitution	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		II LOCATION	LITY OR TOWN	OUNIY	STATE
otter the sthe	2	WHILE NOT WHILE AL WORK	TAT HOME 5	TREET FACTORY OFFICE	FARM ETC )	/	1 /		
A A A A A A A A A A A A A A A A A A A		22a t certify that (1) (this ho	spital attended t	he deceased from_	11/6/	53.19	10 10/29/5/	that	1. (we) lost
TTEN portol for u		sow the deceased alwa- above, (1) (we (did (did	on 10/29	S 7 19	ond 1	that in (my) (our) opinion	death occurred on the date and	hour and from the couse	es slated
hosp hed hed ept tem		22b SIGNATURI	1 ( ) ( °	y direct dediti		GREE		220 DATE SIGN	VED
the Date D		110 Levi	Vhla	my lock	9.	ATTENDING PHYSICIAN	MEDICAL STAFF	16/31	1.57
HOSPITAL ned by t FUNERAL JId be det the Stote	1	226 PHYSICIAN'S TO ME MY	E OR PRINT)	1 11	2	Ze ADDRESS			
etoined TO FUN should b		M.C	HMIP!	bell		NAG	ERS/OUN	md.	
D = 5 = 3 \$	23a	BURIAL, CREMATION, REMOV				ETERY OR CREMATORY	23d LOCATION	· OUNTY FAT	V/YATE 1
BP	21.5	burial		2,1987   H -UNERAL		Cemetery	Falling Wate		virgin
DHMH 16 60M 7/84				- · · · - · · · · · · · · · · · · · · ·		0.0	TE REC D BY REGISTRAR 256 REC	SISTRAR'S SIGNATURE	1.00
(VRA 15, 4)	4	15 East Wilson	biva., h	agerstow	n, MD.	21/40 110	190/ 190/ 190/	an Wasserson - Kon	LARLE

REG. NO



### DEPART

STATE OF MARYLAND	7 0	-
MENT OF HEALTH AND MENTAL HYDIENE	0 0	No.
CERTIFICATE OF DEATH		

11	- STATE REGISTRAR		DET		ICATE OF DEATH	REG. N	0	
	CEASED NAME	FIRST	MIDDLE	A	AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
29 87		Amos	E.	Po	imer	0ct	26 1987	2:53
3 SE	X	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF INCIER Y	
	Male		white	dec		56	YRS	
70 B	IRTHPLACE PATE OR F	OREIGN 76 CITIZ	EN OF WHAT COUN	TRY? 8	NEVER MARRIED	_	COUNTY OF DEATH	
	Maryland		U.S.A.	WIDOWE	D DIVORCED	Washing		M
// B	agerstown	Was	of in such facility, gives hington Co	ounty Ho	spital	17d USUAL OCCUPATE (TYPE OF WORK FOR MOST C	OF WORKING LIFE) INDUST	D OF BUSINESS O
130	AL RESIDENCE HENURS STATE  aryland	ING HOME OR OTHER INS 136 COUNTY Frederic	13c CITY OR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		4769
H. F	ATHER'S NAME FIRST Malcolm	MIDDLE S.	Palm		15 MOTHER'S MAIDEN NA	WIDDIE	Remsh	ourg
	WAS DECEASED EVER	IN U.S ARMED FOR		SECURITY NO 3-8941	Jane Taylor	Palmer Mid	dletown Md	ment Rd. 21769
3	IS CAUSE OF DEAT	H Enter anly one co	iuse per line far ial, (b	o , and ic		· · · · · · · · · · · · · · · · · · ·	BETW	ROXIMATE INTERVAL EN ONSET AND DEATH
	PART I DEATH W	AS CAUSED BY	Ab domi	nal car	cinomatosis		Mat	1987
NO.	PART 2 OTHER SIGN	(	ONS <u>CONTRIBUTING</u>	TO DEATH BUT	NOT RELATED TO THE TERM	inal disease or con	IDITION GIVEN IN PAR	110
CERTIFICATION	190 DATE OF OPERA	TION 19b	CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAU	SES OF DEATH?
	Mar 30		Epitheloic	1 leiomy	OSATCOMA 21c HOW INJURY OCCUR	YES NO	YES 🗌	NO 🗌
- T	OR CONTRIBUTING		OUR A.M. MONTH	DAY YEAR	THE HOW INJURY OCCUR	CD TENTER NATURE OF INJU	BA IN ILEM IR DAKI   OKDAKI	
MEDICAL	21d INJURY OCCUR	RED 21e	P.M.  PLACE OF INJURY  HOME STREET FACTORY OF	FFICE FARM ETC.)	none 21f location STREET	(ITY OR IC	Ounty	TATÉ
21 is mort	22a I certify that (h)	(this hospital) attended alive an Ocaldid) (did not view th	none nded the deceased for	Marc	h 19 87 nd that in (my) (aur) apinian	to Oct 24	19.87 ate and have and fram	that (I) (we) lo
If Item	27h SIGNATURE	ald tald tid! wew it	GJ S		DEGREE	MEDICAL STA		ate signed ct 26 198
MPORTAN	22d PHYSICIAN'S N. Franc		apzon, M.I	).	27e ADDRESS 346	Mill St. erstown, Md	•	
₹ 230	BURIAL, CREMATION,	REMOVAL 23b D	ATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	7.1740	
	Buria	1 10	-28-87	Boonsbo	ro Cemetery	Boonsbor	o Washingto	n Maryla
0.0.	John H. Ba	st Jr. B	oonsboro N	Rfd.			256 REGISTRAR'S SIGI	NATURE

DHMH 16 60M 7 B4

(VRA 15, 4)

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of the late of the state of the state of	Land Page	1198-19-000		paY -
		n service T	Samuel	

(VRA 15, 4)

### STATE OF MARYLAND

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	-	REGISTRAR DECEASED NAME	FIRST		MIDDLE	CENT	LAST		REC 20 DATE OF DEAT	NO H MONTH	DAY YEAR	1 2b HOUR
5 5 5 C		(TYPE OR PRINT)	Mildre	d	Jane	DΔ	TRICK			ober 22	1987	4:05 pm
moy be	1	3. SEX	Macare	4 RACE	Jane	5 DAT	OF BIRTH		AGE IIN YEARS IA		IF UNDER TYEAR	IEUNDER JEHRE
ge 4		FEMALE		WHITE		MQ.	6 B	13		74 YRS	CIAG EHINGE	HOURS MIN
h Page	7	OUNTRY	ATE OF FOREIGN	76 CITIZEN OF	WHAT COU	NTRY? 8	IED NEVER	MARRIED V	BALTIMORE CIT	Y OR COUNTY	OF DEATH	
deort unerg	4		LINA	U.S.	Α	WIDO		OVORCED A	WASHIN		1	MD
offer of the f	1	O CITY OR TOWN		LIF NOT IN SU	CH FACILITY GIVE	STREET ADDRESS		STITUTION	(TYPE OF WORK FOR MI	OST OF WORKING LIF		OF BUSINESS OR
2 2 2	7	WILLIAM USUAL RESIDENCE	(IF NURSING HOME O	ROTHER INSTITUTION	N GIVE RESIDENCE	E BEFORE ADMISSIO			HOMEMAK			1 / //
	0	MARYLANI	WASI	HINGTON	HAGE	RSTOWN	YES [X]	NO T	325 S. P	SS / ZIP CODE ROSPECT	ST.	1740
YLA thun thun thun thun thun thun	1 1	14 FATHER'S NAME	, ,,,,,,,					S MAIDEN NAM	E			
MAR ed with more ed with more exercises		BENJAM	in Fi	ERRELL	P'Â	TRICK		MARIE	WIOO	l t	BREWÊ	Ř
ORE, xecut and co	/	160 WAS DECEASED		RMED FORCES?		L SECURITY NO				DDRESS		
ALTIMORE,	A	No			1251-1	4-0904	<u> Рн</u>	LLIS HEN	RY		1888	
BAIL COTE		18 CAUSE OF PART I DE	ATH WAS CAUSI	nly one cause pe ED BY	Ine for o	- 1.91	00 4				BETWEEN	IMATE INTERVAL ONSET AND DEATH
Certify ST	/		IMMEDIA	TE CAUSE (o)	14	25/1/24	1 10	reme.				
PRESTON he deoth co emave cor motion, ar		Conditions,	if any, which	DUE TO, C	DR AS A CON	SEQUENCE OF	2 61	Post 16	CINDAY	5		
		gove rise	to immediate stating the	DUE TO C	OR AS A CON	SEQUENCE OF	1,1,1,1					
201 W.		underlying	couse last	(c)_								
			ER SIGNIFICANT	CONDITIONS C	ONTRIBUTIN	G TO DEATH B	JT NOT RELATE	D TO THE TERMIN	NAL DISEASE OR C	ONDITION GIV	EN IN PART 1	o
OR Control	-	CERTIFICATION OF THE CATE OF T	OPERATION	19h CONE	DITION FOR V	WHICH OPERAT	ION WAS PERF	ORMED	20a AUTOPSY?	20b IF YES	S, WERE FINDIR	NGS USED
L REC	2	FIE							YES TO NO	IN CERTIF	YING CAUSES	OF DEATH?
VITA N Th Nysicio		21a ACCIDENT	WAS UNDERLYING [		OF INJURY	H DAY YEA	21c HOW	INJURY OCCURRE	D LENTER WAT RE OF	INJURY IN ITEM 18 P	PART URPART?	
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PHYS tending the by the by and Me by the by		21d INJURY C			OF INJURY	OFFICE FARM ETC )	21f LOCAT	ION	CITY	ORTOWN	COUNTY	TATE
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TEND tolo OR OR THEO		,	that (l) (this hosp deceased objects	oital ottended t	he/decepsed	19 F	and that in fin	VI)our) opinion de	eoth occurred on f	he date and hou	and from the	the (we) last
RECT RECT Red fo		22b SIGN		of view the bod	Vatter death		DEGREE				22c DATE	
AL OR A the ho AL DIRE			400	Metho	no		MD	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []	19	13/07
HOSPITAL med by the FUNERAL old be det the Stote	7	228 PHYSICI	N'S NAME (TYPE	SPPRINT)			22e ADDRE			,	1.9	
0 0 0 = 4		1-	MANU	Dito	M.I	),	1610	OulcHill	Du H.	renter	whis	21740
01 of \$ \$ \$		23a BURIAL, CREMA	ATION, REMOVA			_	CEMETERY OF	RCREMATORY	23d LOCATION	N	COUNTY	STATE
BP			MATION	10-24	4-87	SMITHS	BURG C	REMATORY	SMITHSB		WASH.	MD
DHMH 16 60M 7	84	24 FUNERAL DIRECT		INNIĆH	305 N	POTOM	C ST. H	AG . MD.	REC D BY REGIST	AR ZOB REGIST	KAR S SIGNA	IUKE

11 5 L. 311010 ELEMPH ON ON HAMES

1 - FOR STATE REGISTRAR ANTONIO	(MMN) C	DEPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG TICATE OF DEATH	ENE / PEG NO	0 0 2
DECEASED NAME EIRST TYPE OR PRINT) AMONIO		MN Penro	25i	October 21, 19	187 YEAR 126 HOUR 455 AM
3 SEX Male	4 RACE	te S. DATE (	DAY YEAR	-	IF INDER LYEAR IF INDER 4 HRS
70 BIRTHPLACE ALE OR FOREIGN COUNTRY) Italy  10 CITY OR TOWN OF DEATH	U.S.			Washington Cou	
Hagerstown	Washin	gton County Ho		Owner	
USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 13b COUR Wash		13c CITY OR TOWN Hagerstown	138 INSIDE CITY LIMITS? YES 🚻 NO 🗌	13. STREET ADDRESS / ZIP CODE 14 East Washing	ton Street 21740
14 FATHER'S NAME FIRST  Jossippi	MIDDLE	Pennesi	15 MOTHER'S MAIDEN NAME FIRST Splendo	MIDDLE	(Unknown)
160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES GI	RMED FORCES? VE WAR OR DATES)	220-44-5626	17 INFORMANT <b>Giovanna</b> Penn	14 East Wash lesi Hagerstown,	hington Street Maryland
18 CAUSE OF DEATH Enter of PART   DEATH WAS CAUSE IMMEDIA			pulmonay.	edena	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	DUE TO, O	R AS A CONSEQUENCE OF	congestive L	east failure	yrs
gave rise to immediate couse 101 stating the underlying couse last	DUE TO, O		levotte heart		gra

190 DATE OF OPERATION

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 71b TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATIRE OF INJURY IN ITEM 18 PART OR PART /

210 ACCIDENT WAS UNDERLYING HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

236 DATE

Te PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE

211 LOCATION CITY OF TOWN

220 I certify that (1) (this hospital) attended the deceased from 10-21 sow the deceased plive on\_ and that in my (aur) opinian death occurred on the date and hour and from the causes stated

above, (1) (we) (did) (did nat) view the body after death 226 SIGNATURE 22c DATE SIGNED DEGREE

Harold R / relih 224 PHYSICIAN'S NAME (TYPE OF PRINT)

STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

10-22-87

TATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

10-24-87

231 NAME OF CEMETERY OR CREMATORY Cedar Lawn Memorial Pk

Hagerstown, Washington, Md.

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

marked ar Item 18 shar

If Item 21 is

MPORTANT

Hagerstown, Md. Andrew K. Coffman Funeral Home, Inc.

250 DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH 16 60M 7/B4 (VRA 15, 4)

BP

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	District			
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## STATE OF MARYLAND

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	1.06	CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH	MONIH	DAY YEAR	26 HOUR
20 000			mes		erick		rice			10	24 87	3 p
1 11	3.5E	22 25	1	4 RACE		5 DATE O	F3.4.W	VEAR 08	6 AGE IN YEARS LAST BIR	THDAY	IF IN IFR I FAR	IF N FR 1 = 4
1 11 10	7n B1	Male RTHPLACE	CONTRACTOR OF	Cauca	S 1 ON WHAT COUNTRY	07	08	08	79 9 BALTIMORE CITY O	YRS	OFDEATH	
4/167	1	lew York		USA		WIDOWE		VORCED [	WASHINGTON	1	30.0	M
1230	В	oonsboro		Reede	HOSPITAL, NURS HEACILITY GIVE STRE TS MEMOY	ial Ho		TITUTION	Project Er	F WORKING LIF	E INDUSTRY	aturing
1 335	I I	AL RESIDENCE IF NORS	136 COUN		13c CITY OR TO Sharpsh	WN	-	NO 🗓	13e STREET ADDRESS		2178	2
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Foges 1		VAS DECEASED EVER (ES NO OR NKNOWN) NO		MED FORCES? WAR OR DATES!	072-07-		Sue A		Grand Rapi		ch.	
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the law coquires that the law team Their please to provide Eq. (see mit. Their please were price to bluest, co.) ow only that it, is a sub-	TIFICATION		NIFICANT CI	ONDITIONS CO	ONTRIBUTING TO	D DEATH BUT			200 AUTOPSY?	206 IF YES	EN IN PART 1.0	IĞS USED
Physical Phy	AI CER	210 ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEAT	HOUR A	M. MONTH	DAY YEAR	21c HOW IN	IJURY OCCURR	ED LENTER NA. BE DE IN)	RIN TEMPER	ART PAR	
See that of see that of the burn the burn that are had are	MEDIC	21d INJURY OCCURI	RED	21e PLACE			211 LOCATIO	NC	174 DR 10)	wN	NTY	TATE
u, OF ATENDIR The fraughtel or U, DRECTORLAY Frached for one a EDget of Health I Bern 21 it ma		270 I certify that II sow the decess above (II (we) to 27b SIGNATURE	ed olive on_	and had	after death	on	d that in (my)	ATTENDING	to 10-7 leath occurred on the do	ate and hou	221 DATE	couses stated
FA STATE		22d PHYSICIAN S NA			AVT DA	+22	22e ADDRES	S	ST. MAKE		un, mo	200
SON OF SOLINES												
BP BP		URIAL, CREMATION, SPECIFY)  Cremat		23b DATE Oct.2				CREMATORY ematori	23d LOCATION CITY OF TOWN UM Smithsbu	ırg Wa	shingto	n Maryl

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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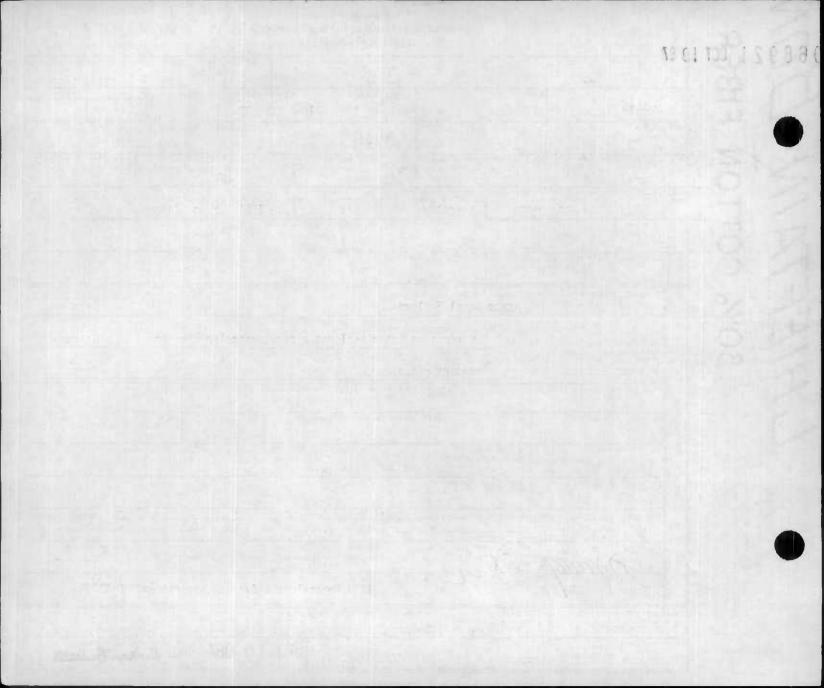
FOR STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

0 0 0

921 OCT 1	9 8	CEASED NAME FIRST	MIDDLE		LAST	REG NO	DAY YEAR 2h	b HOUR
0 4 3 3 c c c c c c c c c c c c c c c c c		OR PRINTI	-					
pog pog	3 SE	Mary X I4	RACE		nner TE OF BIRTH	6 AGE (IN YEARS LANT BIRTHDAY)		3:45a M
rtor ofte		Female	White	05	20 TO	77 YRS.	* )*4 H A1 H	AAN AAN
Page direction			b CITIZEN OF WHAT CO	UNTRY? 8	and Alexandra Disco	9 BALTIMORE CITY OR COUNTY	OF DEATH	
72 20		COUNTRY	115		RIED NEVER MARRIED DIVORCED D	Washington		MD
14:10 7	10 €	TY OR TOWN OF DEATH			E OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF B	JUSINESS OR
2 20 12		agerstown	Western Ma	ryland (		H/W	1	
1 114	USU 13a S	AL RESIDENCE LIF NURSING HOME OR O STATE 136 COUNT MD Washin	Y I3c CITY	OR TOWN "S town	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 1021 Murdock Avenue	2/	740
1 150	14. FA	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME		-
: XX!	Ha		A. Palme	r r	Elizabeth	MIDDLE .	Mills	g
1 1 1 7	16a V	VAS DECEASED EVER IN U.S. ARM		IAL SECURITY NO		ADDRESS	* * * * * *	
1 12 1/	1	YES NO OR UNKNOWN)   TIF YES GIVE .	WAR OR DATEST	-07-1232				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE	one couse per line for a	Failure			BETWEEN ONS Dav	SET AND DEATH
1 11 1		IMMEDIATE			-			
1 KF 1 1		Conditions, if any, which	due to, or as a co	tensive ar	teriosclerotic car	diovascular diseease	Yea	rs
		gave rise to immediate cause a stating the	DUE TO, OR AS A CO	ONSEQUENCE O	F			
the transfer of the transfer o		underlying cause lost		arthritis			Yea	rs
1 511 6	,	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUT	ING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	EN IN PART 1 a	
1 1111	ATION	190 DATE OF OPERATION	Tial Compition Fol	D WILLIAM OBEDA	TION WAS PERFORMED	200 AUTOPSY? 20b IF YES	. WERE FINDING:	CHEED
10 211 2	RTIFICA	190 DATE OF OPERATION	148 CONDITION FOR	WHICH OPERA	TION WAS PERFORMED	IN CERTIF	YING CAUSES OF	
4411110	ü	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	116 TIME OF INJURY HOUR AM. MOI	NTH DAY YE		RED LENTER HAT RE OF YJURY IN TEM 8 P.	ART 4 PART.	
88 8811/	MEDICAL	IF EITHER NOTIFY MEDICAL EXAMINER)	P.M		9 211 LOCATION			
the table	MED	21d INJURY OCCURRED  WHITE NO WHITE A WORK	21e PLACE OF INJUR			NWOT NO YEL	CINIA	TATE
00 4 1 1		220 I certify that X (this haspite	-I) attanded the decess	dlam 0	<u>-18</u> 19 87	to 10-9	19.87 tho	at il isse last
AT DATE		sow the deceased alive on_		19		death occurred an the date and have		4.6
A SHEET		abave, (I) [XX(did] (dX[XX)	view the body after dea	th	DEGREE		220 DATE SK	GNED
A A A A A A A A A A A A A A A A A A A		Sumo	SX		ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	10-	9-87
SPITA NERA De do be do TANI		726 PHYSICIAN S NAME IN OF	- July	2	22e ADDRESS	×	MD 01740	
o HOSPITA eroined by 1 TO FUNERA should be de with the Stotl		Kyung ( KIM,M,D	,		1500 Pennsylvan	ia Avenue, Hagerstown	, MD 21/40	,
0 = 5 ± 3 ₹	230	BURIAL, CREMATION, REMOVAL	23b DATE		F CEMETERY OR CREMATORY	23d LOCATION	COUNTY	TATE
BP	_	Entombment	October 12	Cedar	Lawn Memorialk	Hagerstown Was	shington	Md.
DHMH = 16 60M 7/84		UNERAL DIRECTOR		ADDRESS 415	East UCT	E REC B BY BEGISTRAD 256, REGIST	RARS SIGNATUR	.000
(VRA 15, 4)	M:	innich Funeral H	ome Hager	stown, of	East delve1740 OCT	- 1.00. June 100	-ch. Krys	-427



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DÉATH REG. NO FIRST DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) EST1 REVELL Iva Mae 11 1987 DEATH MATED DOCT. R FILES. HOURS STREET 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS. 73 YRS PRONOUNCED 1.87 Sept. 25, 1914 female white Oct. DEAD A M TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA Washington Maryland WIDOWED [ DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS I CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) housewife Washington County Hospital Hagerstown ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDECITY LIMITS? 13e STREET ADDRESS 2318 Dixie Drive 3a STATE 13b COUNTY 13c. CITY OR TOWN 21740 Maryland Washington Hagerstown YES 🗌 NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Shoemaker Anna Katherine Calvin Vincent Murray PRESTON ST., BALTIMORE, 166 SOCIAL SECURITY NO. **ADDRESS** 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 739-7062 B. Howard Revell, Hagerstown, Md. 219 54 0220 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY #428 - CARDIAC FAILURE WITH ACUTE PULMONARY 72 HOURS DUE TO, OR AS A CONSEQUENCE OF EDEMA Conditions, if ony, which gove rise to immediate couse (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION DIABETES MELLITUS - UNCONTROLLED USED OF HEA 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DRWARDED TO THE CH R: PAGE 3 SHOULD BE U STATE DEPARTMENT OF 21201 PRIOR TO BURJAL. YES NO X 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK Inspection X EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: 1 AFIER DEATH, WITH THE S BALLIMORE, MARYLAND, 21 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion Notural couses X Homicide Undetermined monner deoth resulted from TITLE (SPECIFY DATE OCT. 13,1987 ACTUAL MD DEPUTY WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, III, M.D. HAGERSTOWN, MARYLAND 21740 TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE Big Pool, Wash., Maryland Parkhead Church Cem. Oct.14,1987 burial BP O 1987 STRIP 1356. REGISTRAR'S ENNATURE 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME DHMH - 17 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5)) 15M 7/77

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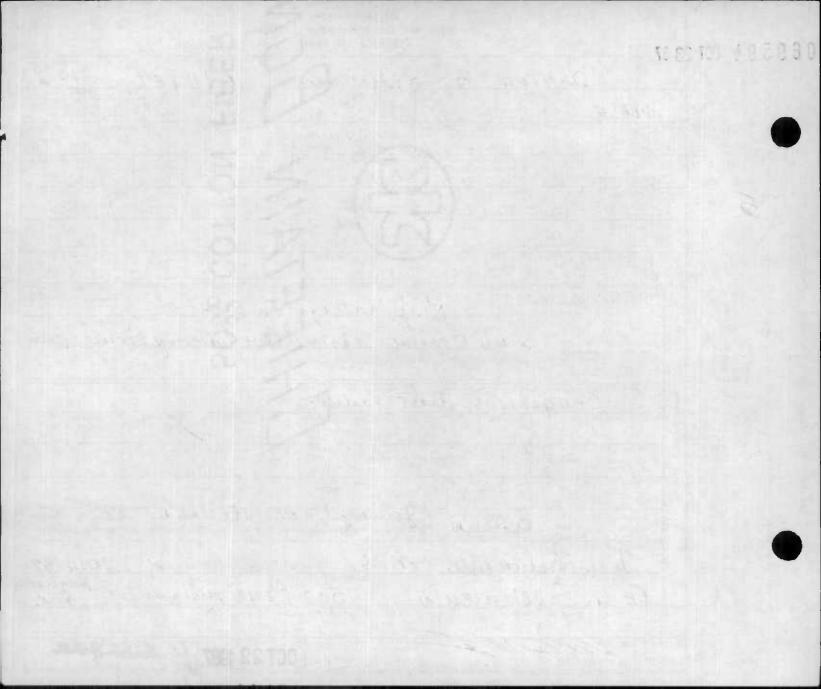
TRANSFER HELLITUR - UNIONTROLLET

AND LATES CAS NEW A. LITTO, III, U.S. MARKATANA, ANYUME ZIJAN

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE G PEGISTRAR CERTIFICATE OF DEATH LE ASED NAME 20 DATE OF DEATH MONTH 2b HOUR THE DEPENDI 12 3 SEX 4 RACE 5 DATE OF BIRTH MONTH WHITE FEB. 23, 1907 80 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND Washington WIDOWEDXX DIVORCED O CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Western Marvland Center COOK RAILROAD Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARYLAND FREDERICK THURMONI BLUE MT. ROAD/21788 NOTA A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE EDWARD CHARLES RIDENOUR CLARA NMI WETZEL ADDRESS 699 PROSPECT AVE. In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) NONE A-705-10-4852 DANIEL P. RIDENOUR WEST ORANGE, N.J. 07052 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate couse o stoting the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 ALITOPSY? N CERTIFYING CAUSES OF DEATH? YES [ NO I YES TO NOT 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATINE OF NIUN IN ITEM 8 PART DR PART. HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d IN HURY OCCURRED 21e PLACE OF INJURY DITY OF TOWN AT HOME STREET FACTORY OFFICE FARM ETC. NOT WHILE 220 I certify that (Kithis hospital) attended the deceased from Janille We 19 847 and that h (my XXx) opinion death accurred on the date and hour and from the causes stated Octoleu 10 226 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 27d PHYSICIAN'S NAME LITTE OF PRINT 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 73h DATE BURIAL 10/14/87 BLUE RIDGE CEMETERY THURMONT FREDRETCK 24 FUNERAL DIRECTOR ST 250 DATE REC D BY REGISTRAR SE REGISTRAR E. DAILEY & SON, P.A. THURMONT, MD. 21788

DHMH 16 60M 7 B4 (VRA 15, 4)



in by the funeral director, page 3 be filed within 72 hours after death

ond campletely filled

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN The low etained by the haspital ar attending physician

requires that the death certificate be executed within 24 hours after death. Page 4 may be

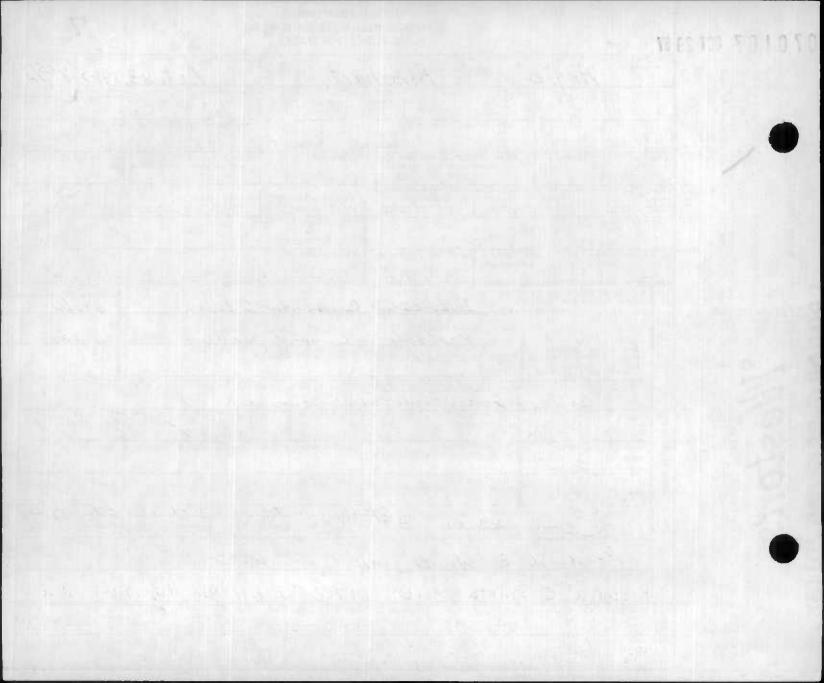
STATE OF MARYLAND

9 87	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH	REG. NO	5 5 7		
	CEASED NAME PE OR PRINT!	FIRST	_	osper Ri	neh	art	20 DATE OF DEATH MONTH	3, 1987 8	HOUR OS/	
3 SE	X .	7 1	RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HO	INDER 24 M	
f	emale		white		Jun	ie 29, 1918	69 YRS			
70 B	IRTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH		
Ma	ryland		USA		WIDOWE	DIVORCED	Washington			
10 C	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BU	ISINESS	
	gerstown		Wash	ington Co	unty	Hospital	housewife			
130	IAL RESIDENCE (# NURS	136 COUNT	Υ	136 CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		1740	
_	ryland	Washi	ngton	Hagerst	own	YES NO X	1745 Edgewood	Hill Circ	:le	
14_F.	ATHER'S NAME FIRST  John	м	Prosper			15. MOTHER'S MAIDEN NAM	WIDDLE	Nove	211a	
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	IRITY NO.	17_INFORMANT	ADDRESS			
	no	(IF TES, GIVE	WAR OR DAIES!	214-09-3	3633	William N.	Rinehart, Hage	rstown, Md	1.	
	18 CAUSE OF DEAT PART I DEATH W		one cause per BY CAUSE (a)	metarla	d (c)	Cartenama	+ 1,4,4	APPROXIMATE BETWEEN ONSET	INTERVAL I AND DE	
NOIL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  CITUTE MUSTURE CARREST AND									
CERTIFICATION	19a DATE OF OPERA	TION			OPERATIO		YES NO P	TIFYING CAUSES OF D	USED DEATH?	
	21a ACCIDENT WAS UNI	CAUSE OF DEAT	"	FINJURY M. MONTH DA M.	AY YEAR	21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY IN ITEM I	8 PART   OR PART 2}		
MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STAT	
	220 I certify that 10 sow the deceas abave 10 (we) to 22b SIGNATURE		A 1.4	and a second		nd that in my (aur) apinion (	ta	that 19 Date SIGH	ses state	
		Racol	-	Amith	, in	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR   PHYSICIAN			
	Richard	E .	Smit		).	1708 Oak 6	fill Ave Hage	erstown, h	rd	
	BURIAL, CREMATION,	REMOVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STAT	
bu	ırial					even Cemetery	Hagerstown, W			
24 F	UNERAL DIRECTOR	MINNI	CH FUN	ERAL HOME	Ξ	250 DAT	E REC'D BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE	6 1	
41	5 E. Wilso	n Blvd	l., Hag	erstown.	Md. 2	21740	6 2 6 198/			

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH = 16 50M 1/81 (VRA 15, 4)

BP.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG NO DECEASED NAME Elizabeth 20 DATE OF DEATH MONTH 2h HOUR 3. SEX 5 DATE OF BIRTH May 19, 1900 female white 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE HATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Newport South USA WIDOWED WASHINGTON WA LE COWN OF BEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Western Maryland Center Hagerstown SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21740 136 COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE W. Baltimore St., Apt. 628 Maryland Washington Hagerstown YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRSL MIDDLE Windsor Gibbon Jane Chandler 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN I LIE YES GIVE WAR OR DATEST 219 05 6468 Edith E. Row (pre-arrangements) no APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse ta, stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY DELICE FARM ETC ) CITY OF TOWN AT WORK AT WORK 220.1 certify that X (this hospital) oftended the deceased from saw the deceased alive on obove. (I) XXX idid XXX in view to make after death and that in (my) XXXI) opinion death occurred on the date and hour and from the causes stated DEGREE 221 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 231 NAME OF CEMETERY OR CREMATORY burial Oct.26,1987 Rose Hill Cemetery Hagerstown, Wash.,

DHMH = 16 60M 7/84 (VRA 15, 4)

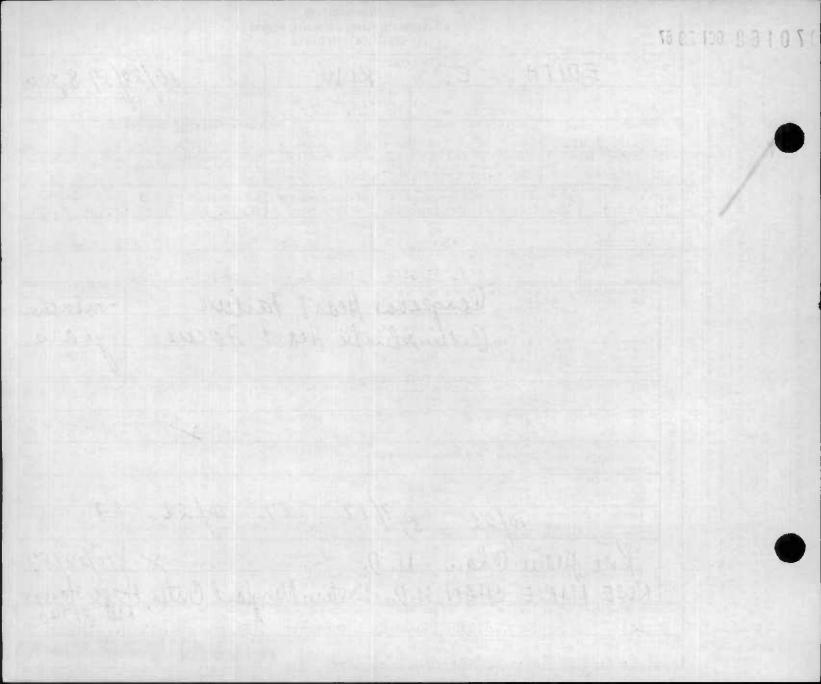
MPORTANT

d b

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

415 E. Wilson Blvd., Hagerstown, Md. 21740



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20 DATE OF DEATH 2h HOUR BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR ENGINEER PENNSYLVANIA AVENUE MIDDLE WILLIAMS ADDRESS SAME AS 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1-0 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ! STATE LITY OR TOWN and that in (my) (our) apinion death occurred an the date and hour and from the causes stated ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

FOR - STATE CERTIFICATE OF DEATH REGISTRAR DE LASED NAME e150N

3 SEX

BLACK

YEAR 929

TO BIRTHPLACE TATE OF FOREIGN COUNTRY 'ENNSYLVANIA

TO CITIZEN OF WHAT COUNTRY

MARRIED NEVER MARRIED

DIVORCED W

HAGERSTOWN

WASHINGTON COUNTY HOSPITAL WASHINGTON

HAGERSTOWN

13d INSIDE CITY LIMITS? YES XX 15 MOTHER'S MAIDEN NAME

VARYLAND FATHER'S NAME WILLIAM

CERTIFICATION

00

(YES NO OR UNKNOWN)

MCKINLEY 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic

Russ 166 SOCIAL SECURITY NO

Kespiratury Intu

EVA 17 INFORMANT CATHERINE RUSS

IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

190 DATE OF OPERATION

AL WORK

230 BURIAL, CREMATION, REMOVAL BURIAL

DUE TO, OR AS A CONSEQUENCE OF

PART I DEATH WAS CAUSED BY.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

AT HOME STREET FACTORY OFFICE FARM ETC )

21f LOCATION

220 I certify that (I) (this hospital) avended the deceased from saw the deceased glive on. abave (1) (well (did (did not) view the bady after death

22d PHYSICIAN'S NAME (TYPE OR PRIN

736 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Should be detail with the State D

MPORTANT

24 FUNERAL DIRECTOR GERALD N. MINNICH

226 SIGNATURE

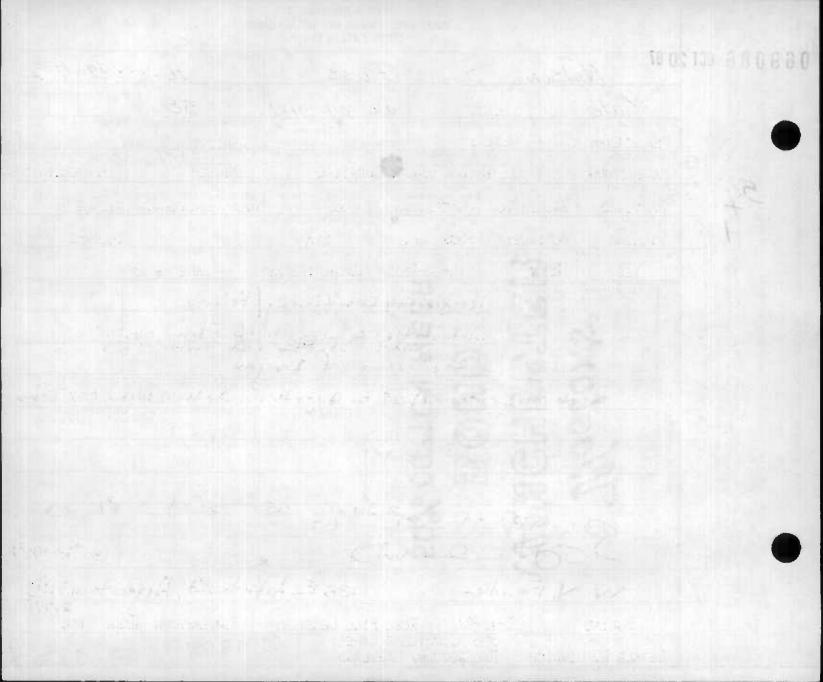
10-17-87

HAGERSTOWN, MARYLAND

Rose HILL CEMETERY HAGERSTOWN

lia Dividen Per

DHMH 16 60M 7/84 (VRA 15, 4)



deoth ceryfic

TO HOSPITAL OR ATTENDING PHYSICIAN The etained by the hospital or ottending physician

BP.

DHMH 16 60M 7 B (VRA 15, 4)

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5 8 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ,

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	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGICATE OF DEATH		, 0 , 5					
II A	DRE ASED NAME A	FIR51	a Mulaot E	1.7	AST	REG NO	DAY YEAR 26 HOUR					
	TYPE OR PRINTS	F'a	ith	Ca	1.	10	17 pm Q30					
	SEX	1 RACE		S DATE O	DE DIDTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF INDER YEAR IF INDER 24 H					
13	female	whi	+-	MONTH	DAY YEAR		MUNHS DAT HOURS M					
				Sept	. 20, 1942	45 yı						
4	O BIRTHPLACE . TATE OF		OF WHAT COUNTRY?	MARRIE	D MEVER MARRIED	9 BALTIMORE CITY OR COU	NITOFDEATH					
	Maryland	US		WIDOWE		Washington						
10	O CITY OR TOWN OF DE		OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKII	126 KIND OF BUSINESS					
not.	Hagerstown	Washi	ngton Cour	ity Ho	spital	clerk	food					
0 1	USUAL RESIDENCE (IF NUE	ISING HOME OR OTHER INSTITUTE	ON GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODE					
BUS	Maryland	Washington			YES NO C	Route 3, Box						
e 14	4 FATHERS NAME				15 MOTHER'S MAIDEN NA	ME						
E O X	Charles	F .	Schell	le.	Marie	MIDDLE	Faith					
9 10		R IN U.S. ARMED FORCES			17 INFORMANT	ADDRESS	Route 3, Box 1					
ped	(YES NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES	220-40-0	7703	Donald Soml	er, Hagerstown						
e/ =					Donaba Della	er, mayerocount	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA					
t.	18 CAUSE OF DEA	TH Enter only one cause   WAS CAUSED BY	per line for ya) ib on	dic			BETWEEN ONSET AND DEA					
e > e	IMMEDIATE CAUSE (0)											
ofic		DUE TO	OR AS A CONSTOU	ENCE OF	uns Der		Li ni					
other tro	Conditions, if one gove rise to in couse to, state underlying cause	mediote	OR AS A CONSEQUE	ENCE OF								
injury. o		onificant conditions	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	inal disease or condition						
ows ony	190 DATE OF OPER	ATION 196 COI	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO					
8 %	210 ACCIDENT WAS U		E OF INJURY		216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITER	A 18 PART GRPART					
	OR CONTRIBUTION	CAUSE OF DEATH	A.M MONTH D	AY YEAR								
ž /	CIF EITHER NOTIFY MEI	RRED 21e PLA	CE OF INJURY		211 LOCATION		OUNTY					
0		VHILE	STREET FACTORY OFFICE	FARM ETC )	STREET	LITY OR TOWN	TAIL YINUO					
0		ORK			( )	1 1						
norke	AT WORK AT W				5	1011	1087					
rs morke		It (this hospital attended	the deceased from	37	6 19 6 1	death accurred on the data and	1987 that (II (we)					
n 21 is morke	220 I certify that sow the decea bove (1) (we)	(this hospital attended	the deceased from 19			deoth occurred on the date and						
Item 21 is morke	220 I certify that	(this hospital attended ised olive on didical rate view the bo	the deceosed from ody after death		DEGREE		hour and from the couses stated					
I If Item 2 I is morke	220 I certify that sow the decea bove (1) (we)	(this hospital attended issed alive an idid (did nat view the b	the deceosed Irom 19 ody after death		DEGREE ATTENDING _	death occurred on the date and	1. 1.2 122					
ANT If Item 21 is morke	220 I certify that sow the decea bove (1) (we)	ididi (did not view the b)	the deceosed from		DEGREE	/MEDICAL _ STAFF _	22c DATE SIGNED					
ORTANT If Item 21 is morke	220 I certify that sow the deced bove (I) (we) The CONATURE  226 PHYSICIAN'S N	NAME (TYPE OR PRINT)	dy after death	V	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED					
MPORTANT If Item 21 is morke	22a I certify that sow the deced fove. (I) (we) III. SOFT URE  228 PHYSICIAN'S N	NAME (TYPE OR PRINT)	1Css I	V	DEGREE  ATTENDING PHYSICIAN C  172. ADDRESS	MEDICAL STAFF RDIRECTOR PHYSICIAN	22c DATE SIGNED					
IMPORTANT If Item 21 is morke	220 I certify that sow the deced hove, (I) (we) The CONATURE  22d PHYSICIAN'S N	NAME (TYPE OR PRINT)  I. REMOVAL 23b DATE	lass I	V 11	ATTENDING PHYSICIAN CONTROL OF THE PHYSICIAN C	MEDICAL STAFF DIRECTOR DHYSICIAN D	10/17/27  Hegerstown h					
IMPORTANT If Item 21 is marke	22a I certify that sow the deced fove. (I) (we) III. SOFT URE  228 PHYSICIAN'S N	NAME (TYPE OR PRINT)  L. C. J-(.  I, REMOVAL 23b DATE  Oct. 2	Coss I	V NAME OF C	ATTENDING PHYSICIAN PHYSIC	MEDICAL STAFF DIRECTOR DPHYSICIAN D  1234 LOCATION WILLIAMSpor	10 10 10 10 10 10 10 10 10 10 10 10 10 1					
	220 I certify that sow the deced hove, (I) (we) The CONATURE  22d PHYSICIAN'S N	NAME (TYPE OR PRINT)  I, REMOVAL 23b DATE   Oct. 2  INNICH FUNER	Cass I	V NAME OF C	ATTENDING PHYSICIAN PHYSIC	MEDICAL STAFF DIRECTOR DHYSICIAN D	10 10 10 10 10 10 10 10 10 10 10 10 10 1					

# funeral director page 3 thin 72 hours after death DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 21201 hould be detailed for use as with the Store Dept. of Health-WRORTANT # Nem 21 is m

DHMH 16 60M 7 84

(VRA 15, 4)

068751 OCT

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE / CERTIFICATE OF DEATH

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ı	- STATE 6 REGISTRAR		CERTIF	ICATE OF DEATH	REG NO		1		
t	1 DECEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
1	(TYPE OR PRINT) Barba	ra Grace	5	criever	10	6 87	732 PM		
	3 SEX	4 RACE	5 DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF INDER NEAR	IF UNDER JUHRS		
	Female	Cancaring	4	2.3 //	76 YR	is Day			
1	TO BIRTHPLACE THE UN FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH			
	Penna us	WA	WIDOWI		Washing ton	County	MD		
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI		OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY	of Business or		
	USUAL RESIDENCE HE NURSING HOME OF 130 STATE 136 COULD		OWN	13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP CO	ODE	/ 21750		
)	14 FATHERS NAME Albert		man	Mary	ME UK E.	BARK	(MAN		
		RMED FORCES? 166 SOCIAL SI IVE WAR OR DATES! 2,5-09		17 INFORMANT /	ADDRESS				
	PART I DEATH WAS CAUSE	nly one couse per line for a . (b . ED BY		dool Infance	A c.	APPROX BETWEEN	MATE INTERVAL		
)	Conditions, if any, which gave rise to immediate cause o stating the underlying cause last  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSE	OUENCE OF		200 AUTOPSY? 206 IF	YES, WERE FIND!	INGS USED S OF DEATH?		
7				2)c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES	NO 🗌		
	OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK AT WORK	21e PLACE OF INJURY LAT HOME STREET FACTORY OFFI	ICE FARM ETC.)	21f LOCATION STREET	( ITY OR TOWN	OUNIY	STATE		
	sow the deceased alive or	ortal) attended the deceased from	150.00	nd that in (my) (our) opinion DEGREE	to /0/6 death occurred on the date and	hour and from the	that (I (we last e causes stated E SIGNED		
,	27d PHYSICIAN'S NAME (TYPE	DEPEND NO		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10/6/67					
1	Thomas B	Haywood no		3.54 m:11		. md.	31740		
	230 BURIAL, CREMATION, REMOVAI	10/09/XT	BUCK VA	lley misting	23d LOCATION CITY OF TOWN WAR Fordsburg.	Fulto N.	PEN NA		
1	Kelly &	Heras Hans	ock i		E REC'D BY REGISTRAR 256 REC	Carres SIGN	note		
- 54									

TO HOSPITAL OR ATTENDING PHYSICIAN The law etained by the hospital or attending physician

BP.

DHMH 16 60M 7 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

must be notified at once.

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within 24 hours after death Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ?

FOR STATI	E STRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG NO	0 0 /
I DECEASED	DNAME FIRST	MIDDLE	IAST (KFILY)		ONTH DAY YEAR 126 HOUR
TYPE OR PRIN		n allante	CALLED		1 2 57 210
	1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	SHEDD	/	DAVI BUNDER LYEAR BUNDER 13
3 SEX	4 R		ATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS EAST BIRTH	MON HE DATE HER
	1-EMALE	CAUS	10 3 87	N.B.	YRS
To BIRTHPLA	ACE . LATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8		9 BALTIMORE CITY OR	
COUNTRY	11.5.1	1	ARRIED NEVER MARRIED	110-6-0	400
10 CITY OR	TOWN OF DEATH		OWED DIVORCED	MUSING	ICY I
IN CITY OR	TOWN OF DEATH	NAME OF HOSPITAL, NURSING HO		120 USUAL OCCUPATION  (149PE OF WORK FOR MOST OF	
MAG	ERSILWN	Washington Ce	ounty Hosp.		
USUAL RESI	DENCE (IF NURSING HOME OR OTH	ER INSTITUTION GIVE RESIDENCE BEFORE ADMIS	136 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE
11 5 17 15 20	a. with	inglati marksti	15 MOTHER'S MAIDEN NAM	4/X NNOW	
14 FATHER'S	FIRST MIDE	DLE LAST	FIRST	MIDDLE	LAST
Da	mid I	imothy Shed	d Michelle	2 100	Rellevi
	CEASED EVER IN U.S. ARMEL		17 INFORMANT	ADDRES	5 7
LYES NO	OR UNKNOWN) (IF YES GIVE WA	AR OR DATES)			
			<del></del>		ADDO AVIALANE INTERV
18 CA	USE OF DEATH Enter only o	ne couse per line for 10 , 16 and c	,		APPROXIMATE INTERV. BETWEEN ONSET AND DI
1 1	IMMEDIATE C		8 Luners		
	MMEDIME				
		DUE TO, OR AS A CONSEQUENCE	OF FOR		
	ditions, if any, which	b) Wen Vierr	e retus		
caus	e (a) stating the	DUE TO, OR AS A CONSEQUENCE	OF		
unde	erlying cause last	151			
	2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1 0
CERTIFICATION 150 DV	ATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED
문				VEC 0	IN CERTIFYING CAUSES OF DEATH
\ \[ \bar{\bar{\bar{\bar{\bar{\bar{\bar{				YES NO	YES NO
00.00	ONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DAY Y	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 8 PART   )R PAR
A DEE	ITHER NOTIFY MEDICAL EXAMINER)	P.M	19		
	NJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
WHI!	E NOT WHITE	(AT HOME STREET FACTORY OFFICE FARM ET	(C) STREET	LITY OR TOW	N (OUNTY LIA
		attended the deceased fram	19		
Sf	aw the deceased alive on	no the hady after death	. and that in (my) (our) opinion of	death accurred on the dat	e and have and from the couses state
	SCHATURE	The death	DEGREE		22c DATE SIGNED
1	A CA	II V. MA	ATTENDING _	MEDICAL STAFF	
1	king III	MILLOW / 1/1/		DIRECTOR PHYSICI	AN 1/9/3/5
22d P	HI ICIAN'S NAME LTYPE OF PR	nvi, i	22e ADDRESS		/-/
./	TAMEL M	RRIBULA M	10		
22- PLIDIAL	CREMATION REMOVAL		OF CEMETERY OR CREMATORY	23d LOCATION	
(SPECIFY)				CITY OF TOWN	COUNTY
	CICHREGUI	10-09-1987 wwshi	hgton County Hos	pitallagerst	Owm washington
	AL DIRECTOR	Climas ADDRESS (	250 DAT	E REC D BY REGISTRAR 2	SE REGISTRAR'S SIGNARIKE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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068238 OCT-	3 87 RE				DEPARTA		EALTH AND MENTAL		NE' PREG. N	0	) /	1.1
1		ED NAME	FIRST	A	MIDDLE	1	ST	2	DATE OF DEATH	MONTH	DAY YEAR	76 HOUR
dege degt	(TYPE OR PE	INT)	illia	1 (	atherine	. 5	hirev			10	5 8	7 1275
you go	3 SEX			RACE	- acher zh	5 DATE C	FBIRTH	6	AGE (IN YEARS LAST BIR		IF UNDER IL YEA	R IF INDER 24 HRS
ge 4 m	FE	male		0.	C	MONTH	13 189	77	90	YRS	MONTHS DAY	HUUR MIN
9 P 9 81	To BIRTHE	LACE (STATE OF FI	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 AA A DD IEI	NEVER MARRIED	D   9	BALTIMORE CITY O	R COUNTY	OF DEATH	
to ale	Was	hington	Co.	U.S.	Α.	WIDOWE			Washington	n Cour	ntv	MD
234		R TOWN OF DEA				IG HOME C	ROTHER INSTITUTION	N 1	2a USUAL OCCUPATE	ION	126 KIND	OF BUSINESS OR
201		rstown		Colton	Villa Nu	irsing	Home		Housewife	OF WORKING LII	(FE) INDUSTR	Y
	Mary		136 COUNTY		GIVE RESIDENCE BEFORE 130. CITY OR TOW Hagersto	N	134 INSIDECITY LIMIT		e STREET ADDRESS	WAlnut	t Stree	
The second of th		R'S NAME	11001111				15 MOTHER'S MAIDE					
AR with	T.T.4	11iam	MID		LAST		Minnie		MIDDLE		Ke1	AST
₹ 9 5 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		TTTSIII		E. Lei	166 SOCIAL SECU	PITY NO	17 INFORMANT		ADDRE	55		
IMORE re exec		O OR UNKNOWN)	(IF YES GIVE W		164-28-6		Helen Ber	rger	109 Man		Apt.	103
I., BALT	18		AS CAUSED E		fine for (o), (b), on	iora	l'ac ar	red	1-			DRIMATE INTERVAL N ONSET AND DEATH
N SI			IMMEDIATE									
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RES de de de de		inditions, if ony, ive rise to imm		(b)		140	Mond					
W op the		use 101, stating derlying cause		DUE TO, OF	R AS A CONSEQUE	Ouil,	Demen	the				
guires th signed then pleo to burioli		RT 2 OTHER SIGN	IFICANT COI	NDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE	E TERMIN	al disease or con	DITION GIV	VEN IN PART	lia
BECOR	CERTIFICATION 110 110 110 110 110 110 110 110 110 11	DATE OF OPERAT	ION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		70a AUTOPSY?	IN CERTI	S, WERE FINE FYING CAUSI	DINGS USED ES OF DEATH?
DIVISION OF VITAL RECORDS,  NG PHYSICIAN The low require ottending physician when the sign os the buriol-tronsit permit. Then the and Mental Hygiene prior to booked or item? Is shows only injury or item?		ACCIDENT WAS UND	AUSE OF DEATH	215 TIME O HOUR A.	M. MONTH D	AY YEAR	71£ HOW INJURY O	CCURRE	O (ENTER NAT TRE OF INJU			
ON OF HYSICIA Iding pi Is certif buriol-t Mentol	~	INJURY OCCURR		21e PLACE		17	711 LOCATION					
OVISIG Offer the free the bos the land		HILE NOT WH	LE 🔲	(AT HOME STR	REET FACTORY, OFFICE F	ARM ETC )	STREET		CITY OR TO	)WN	COUNTY	STATE
ENDIII	22a	I certify that (1) saw the decease		ottended the	e deceased from_		d that in (my) (aur) op	pinion dei	oth occurred on the d	ate and hou	19	that (I) (we) last
ATTI ATTI	201	above, (1) (we) (d	id) (did not) v	new the body	ofter death				-	-		
TAL OR yy the h RAL DIRE deteche tote Dep	110	SIGNATURE		(	204_	-Pu.	DEGREE ATTENDI	ING I	MEDICAL STA	FF CIAN [	10/	S FA
O HOSPITA O HOSPITA TO FUNERA should be d with the Sto	724	BDUL I	ME (TYPE OR PE	Feb), N	מו		170 ADDRESS 1610 - OAK	K Hil	( AVE. H	AGE RS7	TO HIN-	MD
₽P	23a BURIA	urial	REMOVAL	736 DATE Octobe	r 7,1987		EMETERY OR CREMAT Se Hill Cen		123d LOCATION CITY OF TOWN Hagersto	wn, Wa	ash.	Maryland
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FUNE	NAL DIRECTOR M			al Home on Blvd.	Hag.		O DATE F		256 REGIS		

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE CALLES OF DEATH SERVICE STORES AND ALL OF BEHT AND ALL OF STATE AND AL		١.	REGISTRAR				CERTIF	ICATE OF DEATH	REG NO.		
Service   Control   Cont	6 0 7 NOV -3	189	CE ASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Section   Sect	y be	[417]		ther	ine	B	Shir	ley	10	2987	6
COMMING   COUNTY   CONTROL   COUNTY	ge 4 mo	3 SE	F			Э		OAY YEAR	77	MUNITIS DATS	IF UNDER 2
DECLIFICATION OF TOWN OF DEATH    NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   TRUE CHARGE ADDRESS.   TO SUPPLY CHARGE ADDRESS.   TO	eoth. Pog 672 hours 1 phde			REIGN 7	L CITIZEN OF	WHAT COUNT	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH	7
BE SUBJECT OF PRESIDENCE OF MANAGEMENT OF CONTRIBUTION OF RESIDENCE STORM ASSOCIATION OF RESIDENCE OF MITTER AND ASSOCIATION OF RESIDEN	y the fur led within	~	/	1			RSING HOME				
THE STATE OF THE S	De la	USU	AL RESIDENCE (# NURSIN	G HOME OR O	TY	GIVE RESIDENCE BE	PORE ADMISSIONI		130 STREET ADDRESS til	ı st. cí	Lear
THE CAUSE OF DEATH Enter only one course per line for 101, Ib) and 101 INFORMANT ADDRESS. A CAUSED BY INCOMPLIANT ADDRESS. AND A CAUSED BY INCO	the Sah	14. F/									
The WAS DECEASED EVER NUS. ARRED FORCES?  IN SOCIAL SECURITY NO  IN INFORMANT  ADDRESS  NATION  IN INFORMANT  ADDRESS  IN INTERVIEW DISTRIBUTION  IN INFORMANT  IN	- Q E P			M	AIDDLE	7 7 7	r	4.0	WIODLE	7 2 7	
18 CAUSE OF DEATH Enter only one couse per line for iol, (b), and (c).  PARTI DEATH WAS CAUSED BY  DUE TO, OR AS A CONSEQUENCE OF MITTAL WALLUMN DIS.  COnditions, if any, which gove rise to immediate couse iol, stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF MITTAL WALLUMN DIS.  DUE TO, OR AS A CONSEQUENCE OF MITTAL WALLUMN DIS.  DUE TO, OR AS A CONSEQUENCE OF MITTAL WALLUMN DIS.  PARTI Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 Modelying couse lost.  PARTI Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 MODELY MALLUMN DISEASE OR CONDITION GIVEN IN PART 100 MODELY MAL	d confe		VAS DECEASED EVER IN			11 of all of			ADDRESS	Lartir	1 5t.
IB CAUSE OF DEATH Enter only one couse per line for 101, 161, and 101.   MAPRICIANS ENTER IN MEDIATE CAUSE 103   CO NOTES TO METRAL FAILURES   MARKET AND MEDICAL STAFF   MAPRICIANS ENTER IN MEDIATE CAUSE 103   CO NOTES TO METAL FRANCE COURSE   MARKET AND MEDICAL STAFF   MARKET AND MEDICAL	Bod e	1	YES NO OK UNKNOWN)	n nes, Give	WAR OR DATES	214-3	4-1018	Ralph P.	hirlev Clear		
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270 PHYSICIAN'S NAME (IVEGREINI)  270 BURIAL, CREMATION, REMOVAL  270 BURIAL, CREMATION, REMOVAL  270 BURIAL, CREMATION, REMOVAL  270 BURIAL, CREMATION, REMOVAL  271 BURIAL DIRECTOR  272 BURIAL CREMATION, REMOVAL  273 BURIAL CREMATION, REMOVAL  274 BURIAL CREMATION, REMOVAL  275 DATE SIGNED  276 DATE SIGNED  277 DATE SIGNED  278 BURIAL CREMATION, REMOVAL  279 BURIAL CREMATION, REMOVAL  270 BURIAL CREMATION, REMOVAL  278 BURIAL CREMATION, REMOVAL  278 BURIAL CREMATION, REMOVAL  279 BURIAL CREMATION, REMOVAL  270 BURIAL CREMATION, REMOVAL  279 BURIAL CREMATION, REMOVAL  270 BURIAL CREMATION, REMOVAL  278 BURIAL CREMATION, REMOVAL  278 BURIAL CREMATION, REMOVAL  279 BURIAL CREMATION, REMOVAL  278 BURIAL CREMATION, REMOVAL  278 BURIAL CREMATION, REMOVAL  279 BURIAL CREMATION  278 BURIAL CREMATION  278 BURIAL CREMATION  278 BURIAL			OR CONTRIBUTING CA	USE OF DEAT	HOUR A	.M. MONTH			RED (ENTER NATURE OF INJURY IN ITE)	A 18 PART I OR PART 2)	
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ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	ATTENDI Spitol or CTOR A A for use t of Heol		sow the decepsed obove, (1) (we) (did	olive on_	10.	18_1	9 87 .01				
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24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR SIGNATURE			SPECIFY Burial	EMOVAL	236 DATE 10-3	1- 87		Rose Hill	Ultear spri		
(VRA 15,4) Thomason Funeral Home Tile, Chan Society Hed NOV 24007	DHMH - 16 50M 1/B1				//	ADDRE	55 .			GISTRARSSIGNA	TURE

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# by the funeral director page 3 otified of one DIVISION OF VITAL RECORDS, 201 W PRESTON ST., BALTIMORE, MARYLAND 21201 corbonpapers Pages I d. attending physicion TO FUNERAL DIRECTOR After this certificate has been significally should be detached to use as the bural-transit permit The with the State Dept. of Health and Mental Hygiene prior to IMPORTANT. If Item 21 is marked or Item, 18 shaws any injustices the state of the s TO HOSPITAL OR ATTENDING PHYSICIAN The low etoined by the hospitol or offending physician

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HERIENEZ

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	FOR STATE R7 REGISTRAR	DEPARTI		EALTH AND MENTAL HY						
Ч	U)	WIDDLE		NST.	REG NO	H DAY YEAR 26 HOUR				
	1 DECEASED NAME FIRST	Me 5	mit	1/2		-12-87 10 39				
4	3 SEX	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTH! DATE HOURS MIN				
	FEMALE	WHITE	11 NONTH	1 1907		YRS				
1	70 BIRTHPLACE . "ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIET	NEVER MARRIED	BALTIMORE CITY OR CO	UNITY OF DEATH				
	PENNSYLVANIA	U.S.A.	WIDOWE		WASHINGTON C	OUNTY				
i	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR				
1	HAGERSTOWN	WASHINGTON COL	JNTY H	OSPITAL	BOOKKEEPER	AUTO				
(	USUAL RESIDENCE ITE NURSING HOME OF 130 STATE 136 COUR MARYLAND WAS		E ADMISSION)	138 INSIDE CITY LIMITS? YES NO X		CODE 2/74				
7	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN N	AME	TAST				
	HERMAN CAF	. D		MARY	AGNES	DAMBAUGH				
f	MA WAS DECEASED EVED IN HE AD		JRITY NO	17 INFORMANT	ADDRESS					
	NO OR UNKNOWN) (1F YES GN	214-34-(	0171	H. CARL SMIT	TH 208 JACKSON	DRIVE HAG. MD.				
		nly one couse per line for lai, (b), or	nd ic		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
1	PART I DEATH WAS CAUSE	TE CAUSE (0) Cardio	- /	monary	arrest					
1	IMMEDIA			. /.						
	Conditions, if ony, which	Conditions, if any, which by ACME Myocardia Infarction								
	gave rise to immediate couse (a), stating the	gave rise to immediate								
	underlying cause last									
		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 1 o				
	19a DATE OF OPERATION  171a ACCIDENT WAS UNDERLYING				To the last	15 V5 C 14 F D F F 14 1 D 14 1				
2	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?				
	TIL N				YES NO	YES NO				
1	OR COLUMN THE CHIEF OF DE	THE PART OF THE PA	AY YEAR	216 HOW INJURY OCCU	RRED LENTER HAT RE OF INJURY IN IT	EM IB PART OF PART!				
	I IF EITHER NOTIFY MEDICAL EXAMINE		19							
	OR CONTRIBUTING CAUSE OF DE LIFE ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY	FARM EIC I	21E LOCATION	CITY OR FOWN	COUNTY STATE				
	AT WORK AT WORK			1,		63				
		italiattended the deceosed from	10	110 1981	to	2 19 that I (westast				
		of view the body after death			n death occurred on the date or	nd hour and from the causes stated				
	226 SIGNATURE	A /		DEGREE	MEDICAL STAFF	221 DATE SIGNED				
	Korse	Thur an	- LIP		DIRECTOR   PHYSICIAN					
	234 PHYSICIAN'S NAME TYPE	OR PRIN		77e ADDRESS						
	230 BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	. COUNTY TATE				
	BURIAL	10-14-87 R	EST HA	VEN CEMETERY	HAGERSTOWN	WASH. MD.				
	24 FUNERAL DIRECTOR		OMAC S		ATE REC D BY REGISTRAR 756, R	REGISTRAR'S SIGNATURE				
	GERALD N. MINNICH	ADDRE .			OCT 19 198/ J	ha Deritorn-Kondallo				

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	REG	0		1
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Gay	D:	auline	Si	mith		10 2	0 87	11:04P <sub>M</sub>
3 SEX	4 RACE	urne	5 DATE C		6 AGE INTERSTAST		IF NDER YEAR	
Female	White			ist 19,1888	99		JN It Jat	PI , N M IN
To BIRTHPLACE HATEORFORD ON BIRTHPLACE HATEOR FOR THE BIRTHPLACE HATEORFORD ON THE BIRTHPLACE HATEORFOR		WHAT COUNTRY?	8 .	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	MD
Boonsboro	Reede	ers Memori	al H	OR OTHER INSTITUTION	12d USUAL OCCUPA		126 KIND C	OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME 130 STATE Maryland 130 COU Was	hington	Keedysvi		136 IN DE CITY LIMITS?	13. STOLET NODRES	in ste	217	56
John E.	MIDDLE	Fisher	J.	15 MOTHER'S MAIDEN NA		E.	Kef	auver
60 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECUP		17 INFORMANT	ADD	RES 9 N.	Main	St.
NO NOOR NKNOWN)	IVE WAR OR DATEST	217-58-2	709	Mr. Hugh Ber	rnie Smith	Keedy	sville	, Md. 21
18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	only ane cause per SED BY ATE CAUSE (a)	line for a, b and Hear	rt Fa	ailure			BETWEEN 24	ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause to stating the underlying cause lost	(b)_	R AS A CONSEQUER COPONS R AS A CONSEQUER	ary.	Artery Dise	ase		) y	rs
PART 2 OTHER SIGNIFICANT Parkinso	conditions constitues Dise	ontributing to b	eath But lera	roized arthr	THE DISEASE OR CO	NDITION GIVE	EN IN PART 1	c)
Parkinso  190 DATE OF OPERATION  190 DATE OF OPERATION  NONe  210 ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH (	OPERATIO	n was performed	YES NOX	20b IF YES IN CERTIF	, WERE FINDING CAUSES	NGS USED OF DEATH?
	216 TIME O	FINJURY M MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NA' RE DE N	JRY IN ITEM 8 P.	AR. ORPAR 2	
THE EITHER NOTIFY MEDICAL EXAMIN	ER) P	110110	19	-	_		***	-
OR CONTRIBUTING CAUSE OF D  IF EITHER NOTHEY MEDICAL EXAMIN  218 INJURY OCCURRED  WHILE AT WORK  AT WORK	21e PLACE	of injury reet factory office fa None	RM ETC )	21f LOCATION	= - ity OR	10WN	OUNTY	_ 11 A1E_
220 I certify that II (this has sow the deceased alive a above, (1) (we) (did) (did)			01	2 19 00 and that in (my) (our) opinion	death occurred on the	date and hou	and from the	that   (we) lost couses stated
226 SIGNATURE	L MD.	and dedili.			MEDICAL ST	AFF ICIAN 🗌	22¢ DATE	SIGNED 21-87
William W.	LeshM.I			411 Divisi		agerst	town,	Md.
Burial, Cremation, Remova	10-23	3-87 Fa		emetery or crematory ew Cenetery		-		Co., Mo
NAME		ral Home	ld.	21713 25 DAT	FREED, BY REGISTRA	R 256 REGISTI	RAR'S SIGNA	URE

FALTER MILES HIL II. S. filesymbol complete and types THE CONTRACTOR OF THE CONTRACT 10-13-57 sefereles Contemps of Managerille, San. Do., Min. Jehn . Stat. Dr. Scorabodo . H. 27/113

STATE OF MARYLAND

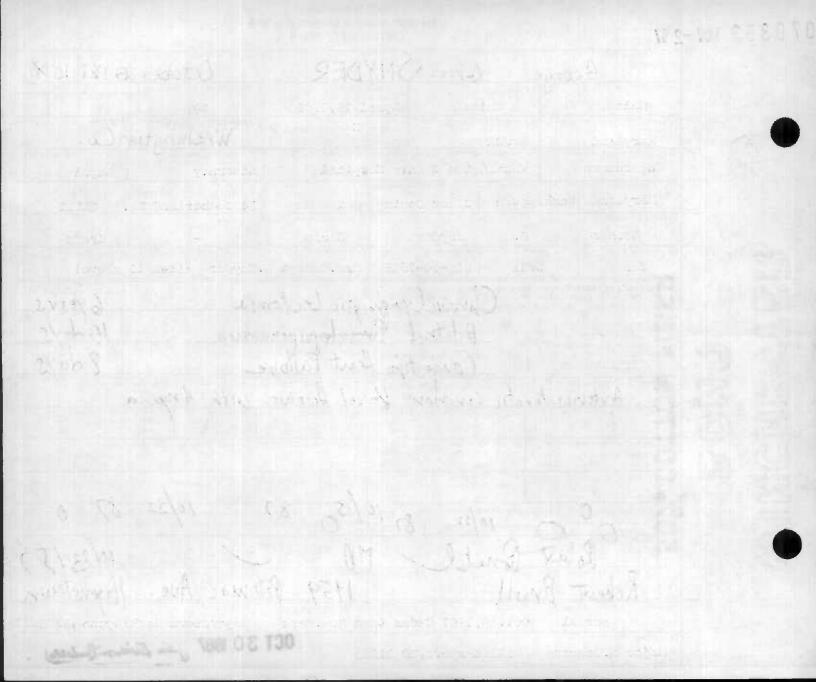
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0/0	012 0	T 28		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEA	G NO.	AT YEAR 26 HOUR
	• ∞±			OR PRINT) NEVI	N FI	OWARD	SMITH			20, 1987	10 110 011
	hoy be								1		
	ge 4 mc		3 SEX	x Male	4 RACE White	2	S. DATE C	25, 19 <b>67</b>	6 AGE (IN YEARS LA	AST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 75 HRS
	eath. Pog nerol dire	or once		RTHPLACE (STATE OF FOREIGN Maryland	76 CITIZEN OF	what country $A$ .	? 8 MARRIE WIDOWE	D NEVER MARRIED		TY OR COUNTY	
100	offer d the fu	Poly		TY OR TOWN OF DEATH  Frederick	11. NAME OF	HOSPITAL, NURS OCH FACILITY, GIVE STREE	ING HOME (	Center INSTITUTION	120 USUAL OCCU	AOST OF WORKING LIFE	126 KIND OF BUSINESS OF
2120	hours		USU	AL RESIDENCE (IF NURSING HOME C		N. GIVE RESIDENCE BEFO	ORE ADMISSION)	1136 INSIDE CITY LIMITS?	13e STREET ADDR		
LAND	25 OA	10		THER'S NAME	ELICK	Freder	ick	YES 📉 NO 🗌		t Patrick	Street 2170
MARY	dia p	101	III FA	FIRST	dward	Smith		Florer	DOLAN.	DLE	Bernetta
er m	ecut	ion in		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMANT	A	DDRESS	
TIMO	S. Po	me	1	YES, NO OR UNKNOWN)   IF YES, G	DATES	177-30-	9529	Elizabeth M.	Smith 1	Frederick	
BAL	physicie npaper novol.	ent, th		18 CAUSE OF DEATH   Enter of PART   DEATH WAS CAUS		r line for (o), (b), o	and (c) 1				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TS N	r rer	ofic ev		IMMEDIA	ATE CAUSE (0)						
101	oth e co	moun		Condition to the	DUE TO, C	DR AS A CONSEOL	JENCE OF				
9K	e de or	trai		Conditions, if ony, which gave rise to immediate	p)_						
×	hot th by th ose re I, crea	other		couse (o), stoting the underlying couse lost	DUE TO, C	DR AS A CONSEOL	JENCE OF				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	quires 1 signed hen ple to burio	njury, ar	N O	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR	CONDITION GIVE	N IN PART 1:a
RECOR	n nos beer permit	5	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDINGS USED 'ING CAUSES OF DEATH? NO  NO
IA	N The	8	ERT	210 ACCIDENT WAS UNDERLYING	21h TIME	OF INJURY		21c HOW INJURY OCCUR			
OF V	HYSICIAN Tiding physicians certificate burial-transit	 		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A	A.M. MONTH [	DAY YEAR		100		
/ISION	G PHYS attending or this o	ō	MEDICAL	21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY	FARM ETC )	21f LOCATION STREET	CITA	ORTOWN	COUNTY STATE
la	Afte of the of the of the ost	morked			nital) attandèd t	ha deceased from	02/1	193 10	. 10	20197.	O shot of (o) los
	TTEN Putol TOR for us	21 15		sow the deceased alive a above, (1) (we) (did n	n [0]	10 6	1	nd that in (my) (our) opinion	deoth occurred on t	the date and hour	and from the causes stated
	OR AT he hasp DIRECT ached for	If Hem		226 SIGNATURE	101		1 -	DEGREE ATTENDING	MEDICAL	STAFF	224 DATE SIGNED
	RAL det	Z-		4,4	ullis!	1-11	X	PHYSICIAN [	DIRECTOR PH	HYSICIAN [	10/20/3)
	TO HOSPITAL retained by th TO FUNERAL should be det-	ORTA		22d PHYSICIAN'S NAME (TYPE	in Pear	re MD		Frederick	, Maryla	nd	
	Show	MPC	4				V	1			
	BP_		23o B	BURIAL, CREMATION, REMOVA	23b DATE 10-2			pe Cemetery	23d LOCATION CITY OR TOV	WN	dori ole Ma
		_	24 FL	UNERAL DIRECTOR	10 2				TE REC'D. BY REGIS	ick, Fre	derick, Md.
1	DHMH=16 50M ( VRA 15, 4)	/81		andrew K. Coffm	an Fune	zal Home	. Inc.		27 1987	2	3

FUNERAL DIRECTOR Hagerstown, Md. Andrew K. Coffman Funeral Home, Inc.

STATE OF MARYLAND	5	T/	AT	E (	) F	M	AR	YL	A	ND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

070393 NOV -	0 18	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL HYD		
oy be	1 DE	CEASED NAME	orge	(rosh	SN	PDER	20 DATE OF DEATH MONTH OCTOBER	20 181 1048 M
E bo	3 SE	X .	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER YEAR IF UNLER I HR
		Male		White		.1 25,1909	79 YRS	
100		RTHPLACE ATE OR FOR	REIGN 76 CITIZ	en of what coun	MARRIE	D 🛮 NEVER MARRIED 🗆	BALTIMORE CITY OR COUNTY	
1011	10. (1	Maryland ITY OR TOWN OF DEATH		JSA ME OF HOSPITAL NI	URSING HOME O	DR OTHER INSTITUTION	WAShingto 120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
8 MM /17	ŀ	lagerstown	Was	shington C	ounty Ho	spital	(TYPE OF WORK FOR MOST OF WORKING LIF Attorney	
BALTIMORE, MARYLAND 2120  Tote be executed within 24 Interpretation and completely liller into peers. Pages 1 and 2 stell the interpretation examine into the medical examine.	130 5		G HOME OR OTHER INS 3b CQUNTY Vashingto	13c CITY OR	TOWN Spring	13d INSIDE CITY LIMITS? YES 🖔 NO 🗌	136 STREET ADDRESS / ZIP CODE 34 Cumberland S	
MARYL ed within	14 FA	THER'S NAME Leonard	MIDDLE P.	Snyd		Elsie	MIDDLE -	Kratz
MORE, In ond co	16a V	VAS DECEASED EVER IN	U.S. ARMED FOIL	218-3	0-7525	Mrs.George	ADDRESS G.Snyder (item 1	3 above)
ST., BALTII.		18 CAUSE OF DEATH PART I DEATH WA	IEnter only one co S CAUSED BY MMEDIATE CAUSI		o and ic	entic Leoke	mic	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he deoth ce he ottending emove corbo		Conditions, if ony, a	which (	TO, OR IS A CONS	EQUENCE OF	rondopueur	nouia	10 doxe
201 W. PR es that the ned by the please rem orial, crema		couse ia, stating underlying cause	the DUI		PITIN	Geort Failor	re_	8 days
requires en signe Then p or to bur rinjury.	NOF	PART 2 OTHER SIGNI	soclarat	i leven	avy Ve	usel Hisease	MINAL DISEASE OR CONDITION GIV	a
he low on the permit pe	CERTIFICATION	190 DATE OF OPERATION	ON 19b	CONDITION FOR W	HICH/OPERĂTIO	n waš performed	"IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \)
N OF VITA  SICIAN T ng physici certificate unal-tronsi fem 18 sh		OR CONTRIBUTING CA	USE OF DEATH HO	TIME OF INJURY DUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED LENTER MATURE OF INJURY IN ITEM 18 P	ART URPART.
DIVISION OF VITAL RECORDS,  NG PHYSICIAN. The low requir  offending physician ther this certificate hos been sign os the buriolitronsit permit. Then the ond Mental Hygiene prior to b ocked as them 18 shows any injury	MEDICAL	21d INJURY OCCURRE	D 21e	PLACE OF INJURY HOME STREET FACTORY O	FFICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDINI spitol or CTOR Ath I for use os of Health		220 1 certify that (1) (t	this haspital) atte	nded the deceased f		19_5 nd that in my (our) opinion	death occurred an the chite and hou	19 final (we) last and from the causes stated
PITAL OR / by the ho JERAL DIRE se defoched Sistore Dept		226 SIGNATURE RA	best of	mill		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/23 D
TO HOSPITA etoined by TO FUNER should be d w. ft the Sto	22. (	22d RHYSICIAN'S NAM	- Bru		72 NAME OF C	1459 F	STOMAC AVE.	Hagevstown
BP		BURIAL, CREMATION, RI Buria				emetery or crematory wn Mem.Park	CITY OR TOWN	hington MARYLAND
		UNERAL DIRECTOR		20,200		20C°	TE RE PBY PEGISTRAR 256 REGIST	RAR'S SIGNATURE
DHMH = 16 60M 7/B4 (VRA 15, 4)	N	Major M.Osbo	orne W:	illiamspor	t, MD 217	95	1 30 1981 Julia Di	withon Rudally .



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR CLAU	DE HA	RTLE SP	ESSARD	CERTIF	ICATE OF DEATH	REG I	NO		
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ertificate nal-transi intal Hyg tem 18 sh		210 ACCIDENT WAS UNE OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A		DAY YEAR	21c HOW INJURY OCCU	RRED (INTER NATURE OF IN	JURY IN ITEM 18 PART	PART,	
ter this of the burner of and Me	MEDICAL	WHILE NOT WHE AT WORK	int []		OF INJURY	FFICE FARM ETC T	211 LOCATION	( 11 Y OR	IOWN	OLNIY	JATE
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AL DIREC detached ote Dept IT If hem		226 SIGNATURE		which .			ATTENDING PHYSICIAN	MEDICAL ST ☑ DIRECTOR □ PHYS	AFF	10/3	SIGNED 22/87
should be of with the Sto		22d PHYSICIAN'S NA	TRI 1	1 ,			348 Mill S	ST HAGERSI	DUN, M	4	
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AH 16 60M 7 84 (VRA 15, 4)		uneral director	ffman	Funera		erstown,	, Md. 250 DA	ATE REC D BY REGISTRA	R 256 REGISTRARS	SIGNAT	URE

DIBDIE WIZES Claude HARLESpessard 10-20-87 MALC White 2-7-03 5-3 throles

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 068920 OCT 19187 TATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN ST I DECEASED NAME TYPE OR PRINTS OF Paul Arthur DEATH MATED Stacer 16/11/19 87 4 RACE 3 SEX 6 AGE IIN YEARS IF UNDER 1 YR IF UNDER 24 HRS 1:50 LAST BIRTHDAY white Aug. 15, 1970 male 11/9 87 a M BIRTHPLACE (MATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland USA DIVORCED Washington County, 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Hagerstown Robinwood Drive student USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE (ITY LIMITS? 13e STREET ADDRESS 1842 Gilbert Ave. 13a STATE 13c CITY OR TOWN 21740 Maryland Washington Hagerstown 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Davis Lehman Stacer Betty Raymond ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 219-06-1279 Raymond Stacer, Hagerstown, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPR XIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Smoke Inhalation DUE TO, OR AS A CONSEQUENCE OF Carditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL IS TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIN AFFER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND SALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 12: 15AM 10/11/1087 subject in house fire 21e PLACE OF INJURY CATHOME 211 LOCATION 716 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK Robinwood Drive, basement Washington Md. 22a I certify that I took charge of the remains described above, held an Inspection Natural causes Hamicide Undetermined manner death resulted from TITLE (SPECIFY) ACTUAL Deputy Chiefedical EXAMINER DATE 10/12/87 SIGNATURE. EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRIM 23g BURIAL, CREMATION, REMOVAL 23h DATE 236 NAME OF CEMETERY OR CREMATORY

Oct.13,1987 Cedar Lawn Mem. Park

07 84 BP\_\_\_\_\_\_ 25M DHMH 17 (VR A15 ME (5)

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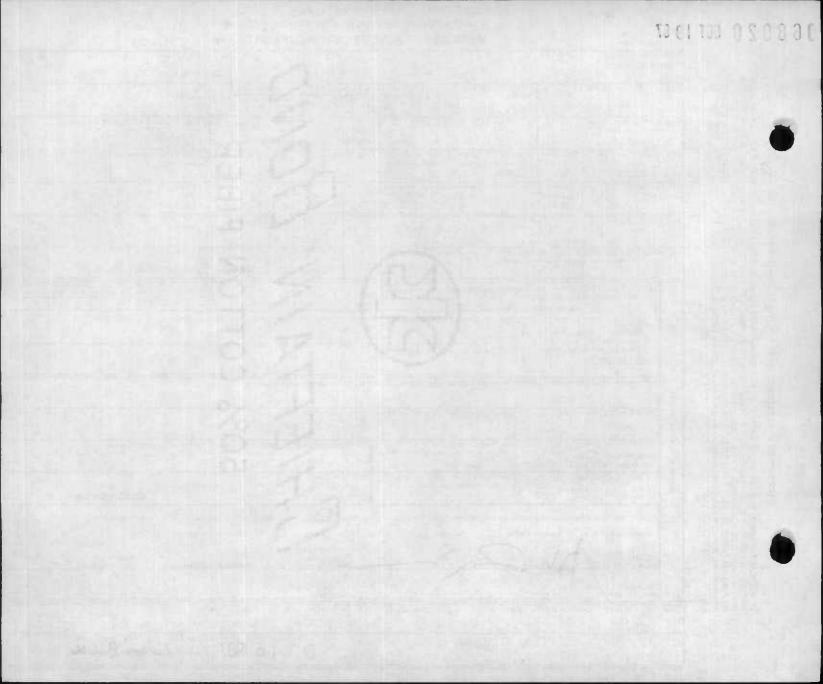
5 ME (5) 415 E. Wilson Blvd., Hagerstown, Md. 21740

burial

40 OCT

Hagerstown, Wash., Maryland

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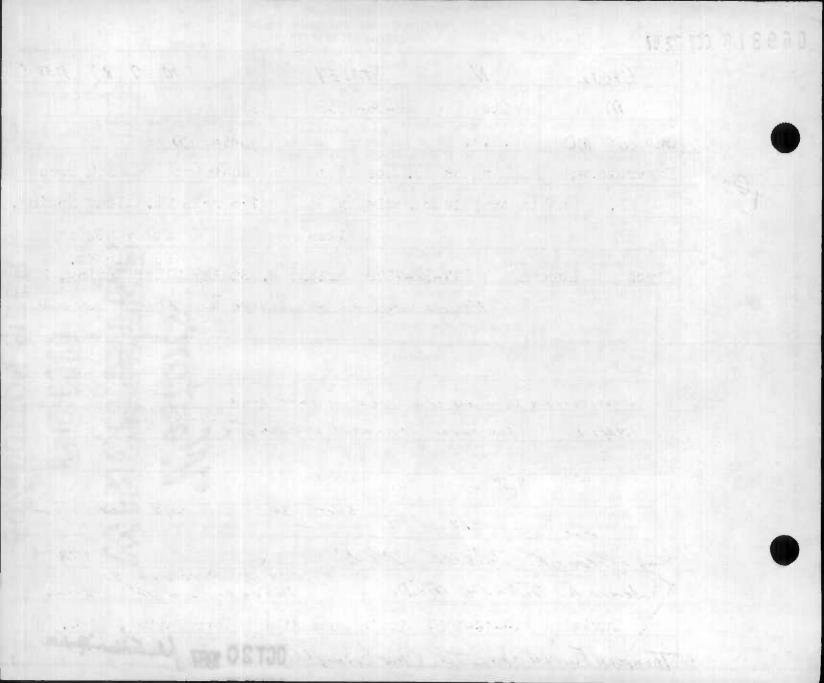
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	227	FOR STATE OFEGISTRAR			HEALTH AND MENTAL HY	(GIENE / REG NO	) ) ) ;
	1 DEC	CEASED NAME FIRST	MIDDI	E	EAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYPE	ORPRINICECIA	N	9	STALEY	10	7 87 1:58 6
-	3 SEX	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF SINDER YEAR IF INDER 24 HK
		m	hite		6-1936 YEAR		RS DATE HOURE MIN.
		RTHPLACE ATE OF FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH
3/	. 100	SH.CO) MA	I.S	WIDOV		10011 010	MD
7		ry or town of DEATH gerstown,	( IF NOT IN SUCH FAC	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) ON JO. 110	or other institution spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) LACHINIST	INGLIFE) 176 KIND OF BUSINESS OR INDUSTRY
5	13a S		1JY 13c	RESIDENCE BEFORE ADMISSION	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP C	code lear sprin,
2	14 FA	ATHER'S NAME .	MIDDLE	(AST	15 MOTHER'S MAIDEN N		Iey Newlin
Į.		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURITY NO	17 INFORMANT	ADDRESS 166	rain St.
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	7	Conditions, if any, which gave rise to immediate couse o', stating the underlying couse last	DUE TO, OR AS	A CONSEQUENCE OF	C. G. I. HEMERI		
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/	CERTIFICATION	10/3/87			HETICAL OF ESOPI	MHEST ONLY INC	ERTIFYING CAUSES OF DEATH?
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ſ.		OR CONTRIBUTING CAUSE OF DEA	3.74	MONTH DAY YEAR	?		
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-		sow the deceased plive on abave, (1) [web (elid) (did no		19 87 . depth.	and that in (my) prince	in death occurred on the date and	d hour and from the causes stated
		226 SIGNATURE	1 -11		DEGREE		221 DATE SIGNED
	0	- folgo K	. 11/12	sely M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/13/81
7		220 PHYSICIAN'S NAME HYPE O	MARSH,	m.D.	22e ADDRESS 239	701 / 2 . 0	-1
-	23n B	BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	SERSTOLD NO	MD. 21746
		Specify Curial	10-10-		Le Rose Fil	CITY OR TOWN	no ach
	24 FL	JNERAL DIRECTOR	10-10-	1301 11100		L CLEAR SONS	
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	10	EMPSON FUNERA	1 4 10mles.	in lear	SPRING 1442 VI	1100 0011	•



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR OF CEATH MATED DATE OF BIRTH 20 DATE 12 30 1904 82 YRS MALE WHITE To BIRTHPLACE THATE OR Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) USA MD ID CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY WASHINGTON COUNTY HOSPITAL CARPENTER HAGERSTOWN GOVERNMENT 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD WASHINGTON HAGERSTOWN 109 Clearview Road 14 FATHER'S NAME MIDDLE MIDDLE STOTTLEMYER AOUILLA ALMA LIZAR D. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Way, Germantown, MD 12305-J Silver Gate NO N/A Charles Stottlemyer 212-14-7066 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) APPROXIMATE INTERVAL ALLURE - 428 DUE TO, OR AS A CONSEQUENCE OF EROTIC CARDIOVARCULAR Conditions, if ony, which gave rise to immediate cause (o) stoting the underlying couse lost SED AS A BURIAL HEALTH AND AL, CREMATION PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 190 DATE OF OPERATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "YE PAGE A SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MÄRKLAND, 21201 PRIOR TO BURIAL, (C. 1.20) PRIOR TO BURIAL 2D AUTOPSY? 210 EXTERNAL CAUSE WAS TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART ?) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION CITY OR TOWN WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Inspection death resulted from Homicide \_\_\_ Undetermined monner TITLE (SPECIFY) ACTUAL EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL of God Cemetery BURIAL 7 84 Germantown-Bethel Cascade Washington Church DOUGLAS STAUFFER 256 REGISTRAR'S SIGNAPURT DHMH 17 1621 OPossumtown Pike, Frederick, MD 21701 (VR A15 ME (5))

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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR DE EASED NAME 20. DATE OF DEATH MONTH 1 orraine 5 wopehar lotte October 23,1987 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) White Female May 10" 19/11 TO BIRTHPLACE INTALE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED U.S.A. Maryland Washungton WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR LIFNOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Washington County Hospital Honenaker INDUSTRY Hagerstown 13e STREET ADDRESS / ZIP CODE Route 2 CITY OF TOWN 13d INSIDE CITY LIMITS? Mt. Lena Maryland Washington YES X NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Pansy Arbutus Arnold Floyd Daniel Swope 166 SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Rt. 2 Box 307 (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 219-46-1163 Boonsboro, Maryland 21713 John Bussard 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY mun IMMEDIATE CAUSE (a). \* Myocardiac mas DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the CONSEQUENCE OF underlying cause last 2 wis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 to CERTIFICATION perlandion 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPER A 10N WAS PERFORMED 70a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART. HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF ELTHER NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY TIY OR TOWN AT HOME STREET FACTORY OFFICE, EARM ETC ) STREET AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from\_ saw the deceased alive on 10-21 above, (I) (we) (did) (did not) view the bady after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE user. ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN PORTANT 27d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Charles R. Wierer MD. 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial October 26 987 Mt. Lena Cemetery Washington 24 FUNERAL DIRECTOR Boonsbore Md. 254-DATE-REG DOBY REGISTRAR 256 REGISTRAR'S SIGNATURE John H. Bast Jr. Rfd. 4 Box 7 21713

DHMH - 16 60M 7/84 (VRA 15, 4)

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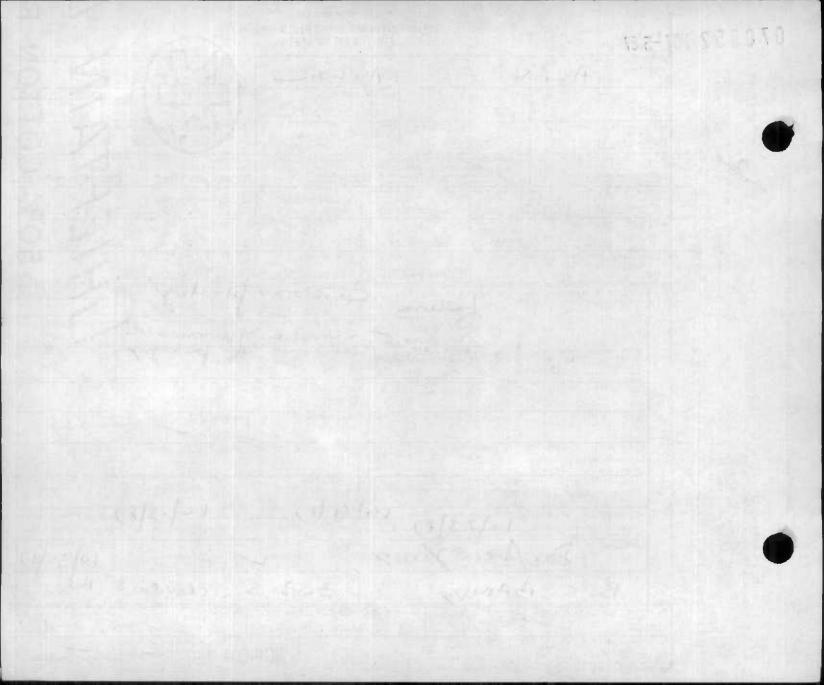
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3058

070852 NO	L	FOR STATE ORIGISTRAR			DEPARTA		ICATE OF DEATH	YGIENE	NO	0 0	4
		CEASED NAME FI	RST		MIDDLE	L	TZA	20 DATE OF DEATH	H MONTH	DAY YEAR 2	b HOUR
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	10 €	ITY OR TOWN OF DEATH	1	1. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUP		126 KIND OF	BUSINESS OR
by filed		agerstown		Washi	ngton Cou	nty H	ospital	truck dri		county	govern.
within 24 ho	Ma			ngton	13c CITY OR TOW Hagerst		13d Inside City Limits?	11 W.		more St.	21740
and Series	14. FA	ATHER S NAME	M	IDDIE	LAS:		15 MOTHER'S MAIDEN N	AME		10.1	
		Harry	Fo	ster	Taylo	r	Pearl	В.		Robinett	e
and control		VAS DECEASED EVER IN L		ED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADI	DRESS		
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ZSCOTO		210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS		216 TIME C	M. MONTH DA	Y YEAR	21c HOW INJURY OCCL	IRRED TENTER NA REGIL	URY NIEM 8	PART OR PART	
HYSICIA ding ph is certif burial-tr Mental	CAL	LIF EITHER NOTIFY MEDICALE			м.	19					
The sage at	MEDICAL	21d INJURY OCCURRED		21e PLACE	OF INJURY	ARM ETC.	211 LOCATION	CITY CI	RIOWN	ALINIA	STATE
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CTC CTC of 1600		saw the deceased a above, (I) (we)ndid	did nat	view the bady	after death	ar	nd that in (my) (aur) opinio	n death occurred an the	date and Na	or and fram the car	uses stated
OR AT OR AT DIREC ached t Dept o		226 SIGNATURE	hv	Acts	w/w	vo	DEGREE	MEDICAL S	TAFF	27t DATE SI	SNEL
By the State det		224 PHYSICIAN'S NAME	0			-	ATTENDING PHYSICIAN 122e ADDRESS	DIRECTOR PHY	SICIAN	10/	20/01
TO HOSPITAL Cerained by the TO FUNERAL Eshauld be detained by the State EMAPORIANT If		B.C	- (	SHN	107		363	S. Cl	Welgu	is Ay	C'.
5 5 1 2 2 2	23a 8	SURIAL, CREMATION, REM	OVAL	236 DATE			EMETERY OR CREMATORY	CITY OF TOWN		LAUNTY	LATE
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NO NO	THE WOOLD BE		UNDERLYING	CAUSE WAS	H	TIME OF OUR A.M. P.M.	INJURY MONTH DAY	YEAR	OW INJURY OCCU	PRED LENTE	r nature of injury in	ITEM 18 PART 1 OI		
DIVISIO	WRETING WRETING WREE JSH ATTE DEPA	MEDICAL	21d INJURY C		21e	PLACE O	DE INJURY (AT HONORY FARM, ETC.)	E 211 LO	CATION		CITY OF TOWN		COUNTY	STATE
	MINER: THE STATE OF THE STATE O		22a I certif		norge of the ren		Accident	on Autop	sy . Inspe	ection M	Inquiry A	ond in my	opinion .	
9	FINE CERTIFICATION OF ENAMELY SHOULD BE ENAM DIRECTORY WITH CORP.		ACTUAL ISIGNATURE	des	MARC	ill	i, MD	M	DEPUT	Y ME	DICAL EXAMINER	DA	TE 10/27	187
	A NOW	1	EXAMINER'S TYPE OR PRI	UTI C	EURG	BE	MILIC	140	40 ADDRESS_H	ALGE.	NOR DERSTOL	B.#1	18-217	40
79.9	8P 889	23a B	URIAL, CREMA	TION, REMOVA	10/3:	1/87	Wels	CEMETERY O	R CREMATORY Brethr	en Mo	LOCATION TY OR TOWN Ontgomer	y Two	ounty sta	n. P
JOSAK J	DHAM AS (VR A15 ME (51)	101	101- C	inny	14	'Me'ı	rcersbu		13a. D	ALE RECID	BY REGISTRAR 25E	REGISTRAP	SAIGOLO	A A

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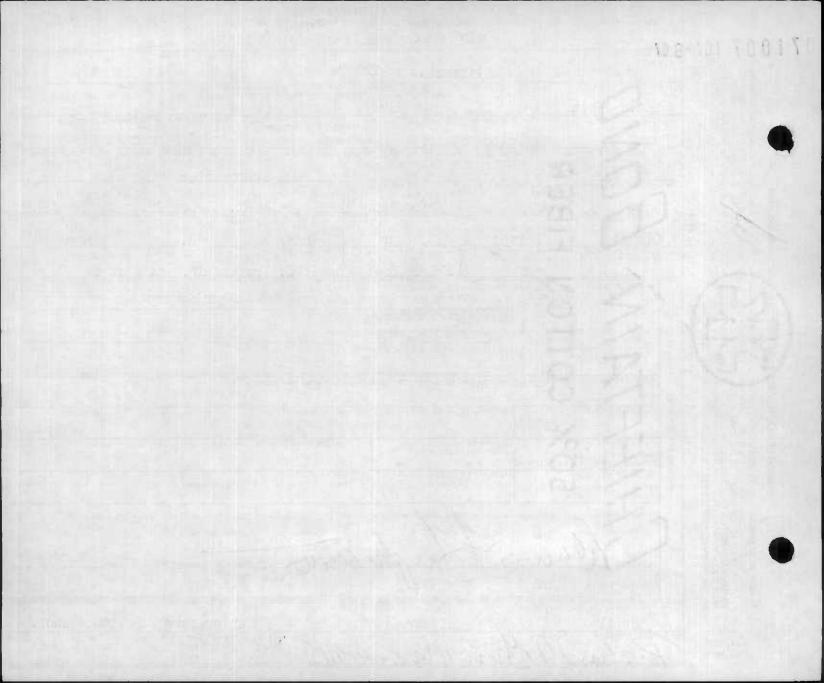
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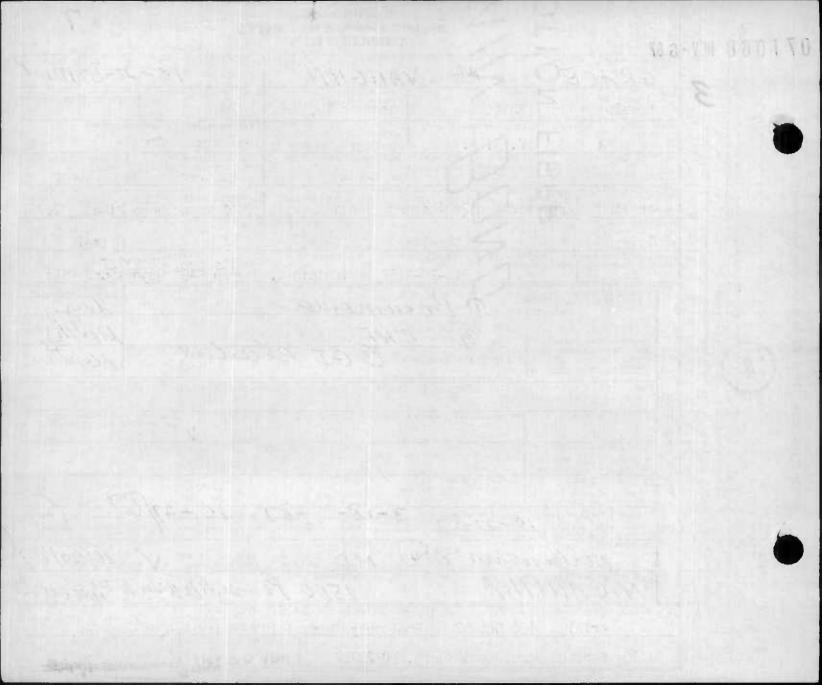
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO O DATE KNOWN X (TYPE OR PRINT) OF **JEAN** Elizabeth TROTTA IRECTOR IR FIES. HOURS STREET. DEATH MATED DATE OF BIRTH IF UNDER 1 YR E UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED White 25, 1924 63YRS Female DEAD May 10-29-879 Th CITIZEN OF WHAT COUNTRYS BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Penna United States DIVORCED Washington county 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Washington County Hospital Hagerstown Homemaker 13a STATE 1436 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Penna. Eulton Warfordsburg NO X 17267 A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Claude Metzger He len Harris IAL SOCIAL SECURITY NO 17 INFORMANT 578 26 6941 Louis J. Trotta, Sr. same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY Hypertensive arteriosclerotic cardiovascular IMMEDIATE CAUSE KYKK SUCK SYYK KXXXX Conditions, if any, which disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMOFUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. FREE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of diabetes mellitus 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET EACTORY FARM ETC ) STREET CITY OF TOWN STATE WHILE AT WORK 220 I certify that Upok charge of the remains described above Inspection death resulted Hamicide Undetermined manner **ACTUAL** 10-29-87 MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Cedar Grove Warfordsburg, Fulton, Penna. 11/2/87 24 EUNERALDIRECTOR 750. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE (VR A15 ME (5))



STATE OF MARYLAND

	SA	REGISTRAR		CERTII	FICATE OF DEATH	REG. NO	4	
	(TYPE	EASED NAME FIRST		Mable VAL	IGHN	20 DATE OF DEATH MONTH DO	27-87 11:100	M
	3 SEX	Female	White	5 DATE (	of Birth mber 10,1910	6 AGE (IN YEARS LAST BIRTHDAY) 1	IF INDER YEAR OF INDER SHE	
		PA	U. S.	A. WIDOW	ED NEVER MARRIED DIVORCED	Washington County		D.
P	На	agerstown	Weste	HOSPITAL, NURSING HOME ( H FACILITY, GIVE STREET ADDRESS) Prn Maryland C		(TYPE OF WORK FOR MOST OF WORKING LIFE)	12b KIND OF BUSINESS OF Rubber	R
1	13a S	laryland Fred		GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Emmitsburg	13d INSIDE CITY LIMITS? YES [X] NO [	13e STREET ADDRESS / ZIP CODE 9402 Waynesboro	Pike 2172	7
-	0 (	THER'S NAME FIRST	WIDOLE	Sheeley	Emma	WIDOLE	Wetzel	
		/AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (IF YES O	RMED FORCES?	216-22-9157	Virginia G.	Emmitsburg MD 2 Vaughn 9402 Wayn	1727 esboro Pike	_
		PART I. DEATH WAS CAUSE  PART I. DEATH WAS CAUSE  IMMEDIA  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OI	<b>~</b> //	noma I 3 GI BE	Coederg	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  LAW  MANTHS  MANTHS  MANTHS	_
1	CERTIFICATION	PART 2 OTHER SIGNIFICANT		NTRIBUTING TO DEATH BUT			WERE FINDINGS USED ING CAUSES OF DEATH?	
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHIE ☐ NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHIE ☐ NOTIFY HOLD AT WORK  220 I certify that X (this has, saw the deceased object above. (I) WAS (did) XIX	21e PLACE ( (AT HOME STR	M. MONTH DAY YEAR M. 19 DF INJURY EET FACTORY OFFICE FARM ETC.	21f LOCATION STREET	RED (ENTERNATURE OF INJURY IN HEM B PAI	OUNIY SIATE	st
		226 PHYSICIAN'S NAME (APPE	min ogbring i A	1 500(1)	DEGREE  ATTENDING PHYSICIAN [  12e ADDRESS  1500 FC	MEDICAL STAFF DIRECTOR PHYSICIAN OF	10/27/87	7 Mel
	24 FL	URIAL, CREMATION, REMOVA  Burial  INERAL DIRECTOR  Kiles Funeral	30 Oct	87 Emmits		23d LOCATION CITY OF TOWN EMMITS BURG Fr EREC D. BY REGISTRAR 235 REGISTR	ederick MD ARSSIGNATURE	_

DHMH = 16 60M 7/B4 (VRA 15, 4)



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED NAME Isabell 26 HOUR (TYRE OR PRINT) 4 RACE A AGE (IN YEARS LAST BIRTHDAY) IE NOER 24 HR 3. SEX 5. DATE OF BIRTH MONTH DAY August 3, 1898 female white 89 YRS TO BIRTHPLACE IN ATE ON FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED West Virginia USA WIDOWEDIX DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) clerk Hagerstown Washington County Hospital retail sales USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 1048 S. Potomac St. 21740 Maryland Washington Hagerstown YES X NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE FIRST MIDDLE LAST John W. Birkett Cora Hunt 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 220-30-9194A G. William Virts, Hagerstown, Md. no 18 CAUSE OF DEATH (Enter only one couse per line for ia), (b), and ic PART I DEATH WAS CAUSED BY DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF CHERATION 196 CONDITION FOR WHICH OPERATION, WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY LITY OF TOWN AT HOME STREET EACTORY OFFICE FARM ETC 1 AT WORK AT WORK 22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive on obove, (I) (we) (did) (did not view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22a-ADDRESS 22d PHYSICIAN'S NAME LITYPE OF PRINT 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL burial Oct.13,1987 Rose Hill Cemetery Hagerstown, Wash., Maryland

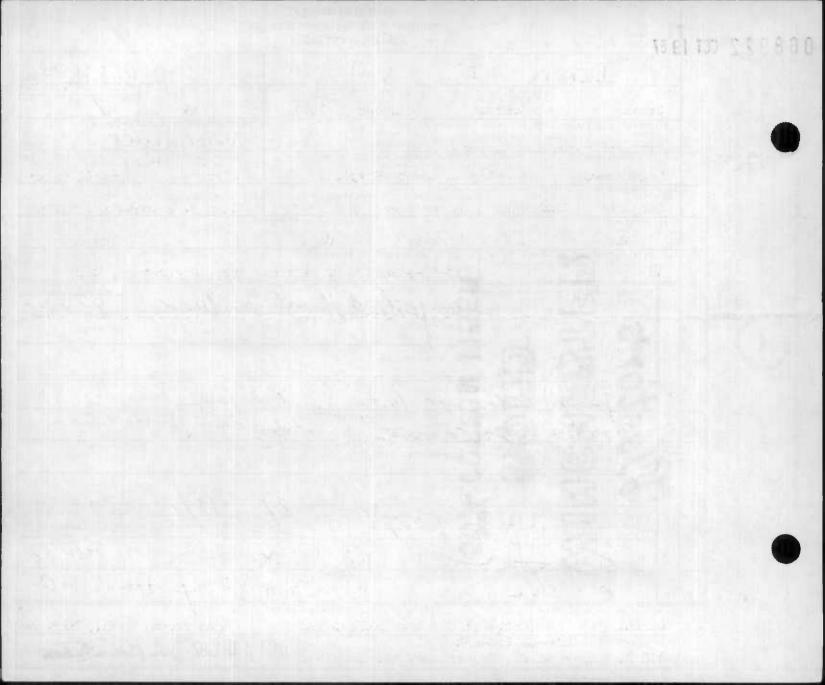
DHMH 16 60M 7/B4 (VRA 15, 4)

FUNERAL Double by the Store

415 E. Wilson Blvd., Hagerstown, Md. 21740

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REC D BY REGISTRAR 35 REGISTRAR'S SIGNATURE



Ness 742 Bluff St., Apt. 204 Mrs. Frances Quillinan, Carol Stream, III. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED burial Oct. 19, 1987 Rose Hill Cemetery Hagerstown, Wash. MINNICH FUNERAL HOME So, DATE REC'D BY REGISTRAR 258 REGISTRAR'S SIGNAME 415 E. Wilson Blvd., Hagerstown, Md. 21740

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87-30689

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DHMH = 16 60M 7/84 (VRA 15, 4)

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the funeral director page 3 d within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

-	2 8	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	GIENB /	٥	, , ,	
	1 DEC	EASED NAME FIRST OR PRINT)		MIDDLE	L	AST	20 DATE OF DEATH			26 HOUR 6:55
		NELLIE		ORENCE		WAUGH	OCTOBER	26	1987	PM
	3 SEX	_	4 RACE		5 DATE O	4	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DATE	HOURS MIN.
		FEMALE	WHITE		SEPT.	24 1892	95	YRS		
	110	OUNTRY)	76 CITIZEN OF	WHAT COUNTRY!	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OFDEATH	
4	-	ST VIRGINIA	U.S.	HOSPITAL MILIPSI	WIDOWE	D DIVORCED DIVORCED	WASHINGTO	ON LOU	11111	MD.
9	11			CH FACILITY, GIVE STREE	T ADDRESS)	11	TYPE OF WORK FOR MOST	OF WORKING LI	INDUSTRY	
	USUA	GERSTOWN LIFE NURSING HOME OR					KITCHEN HI	ELP.	KESTRU	RANT
	13a S	111	NGTON	HAGERST		136 INSIDE CITY LIMITS?	136 STREET ADDRESS	ZIP CODE	STREET	1140
1		THER'S NAME	MIDDLE	LAST	UIII	15 MOTHER'S MAIDEN NA			0,11,5,51	
	T	HOMAS WARE		WAUGH		MARY	SUSAN		WAUGH	
	16a W	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		
	[7	ES NOOR UNKNOWN) (IF YES GIV	E WAN ON DATES!	234-14-	0666	MEDA CROUSE	SAME AS 1	3		
		18 CAUSE OF DEATH (Enter on PART ), DEATH WAS CAUSE IMMEDIATED				C CARDIOVASC	ULAR DISEAS	Ε	BETWEEN O	AATE INTERVAL INSET AND DEATH
	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, C	ONTRIBUTING TO	JENCE OF	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	NDITION GIV	VEN IN PART To	
2	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	H OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YE	S, WERE FINDIN FYING CAUSES ( ES []	GS USED OF DEATH?
		7 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DE INJURY .M. MONTH E .M.	DAY YEAR	?}c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	IRY IN ITEM IS	PARI »RPAR	
	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET FACTORY OFFICE		21f LOCATION STREET	CITY OR TO	OWN	(OUNTY	TATE
		22a L certify that (1) (1) (1) (1) (2) (2) saw the deceased alive on above, (1) (1) (1) (1) (1) (1)	OCTOBER	ne deceased from. 22 19	MARCH 87	t 20 19.85 id that in (my) XX X Opinion	to UCTOBER			hat (1) Me) lost ouses stated
		226 SIGNATURE	09	: X/ Ou	e d	ATTENDING PHYSICIAN	MEDICAL STA		OCT.	
		220 CHYSICIAN'S NAME (TYPE O		11, M.D.		77. ADDRESS 217 HAGE	WEST WASHEN		TREET	
		URIAL, CREMATION, REMOVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATION	0	COUNTY	STATE
		BURIAL	10-29-			CEMETERY	BERKELEY	SPRIN		VA.
	_	NERAL DIRECTOR	3U5 T	V. POTOMA			ATE REC D BY REGISTRAF	256 REGIS	TRAR'S SIGNATU	JRE
	IJΕ	RALD N. MINNICH	H HAGE	RSTOWN	<b>ARYLAN</b>	ID ACT	30 1087	La Di	inder - Kan	dass

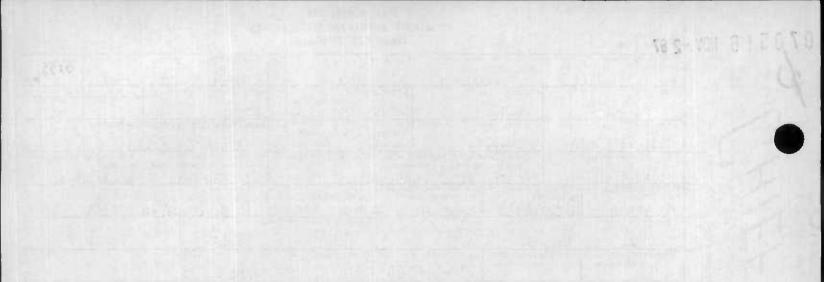
DHMH 16 60M 7/84

should be detached for use as the burial-transit permit. Then pleas with the State Dept of Health and Mental Hygiene prior to burial, IMPORTANT: If them 21 is marked or Item, 18 shows any injury, or a

TO FUNERAL DIRECTOR After this certificate has been

(VRA 15, 4)

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MINER STREET 22 SAIDT 20 SEX VET. 189. 150

TEATTO HOSPITALICAN TORN Y S

- AZERBIRAN, NASTURNE

- Collabor M. 21715, 111, Man.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

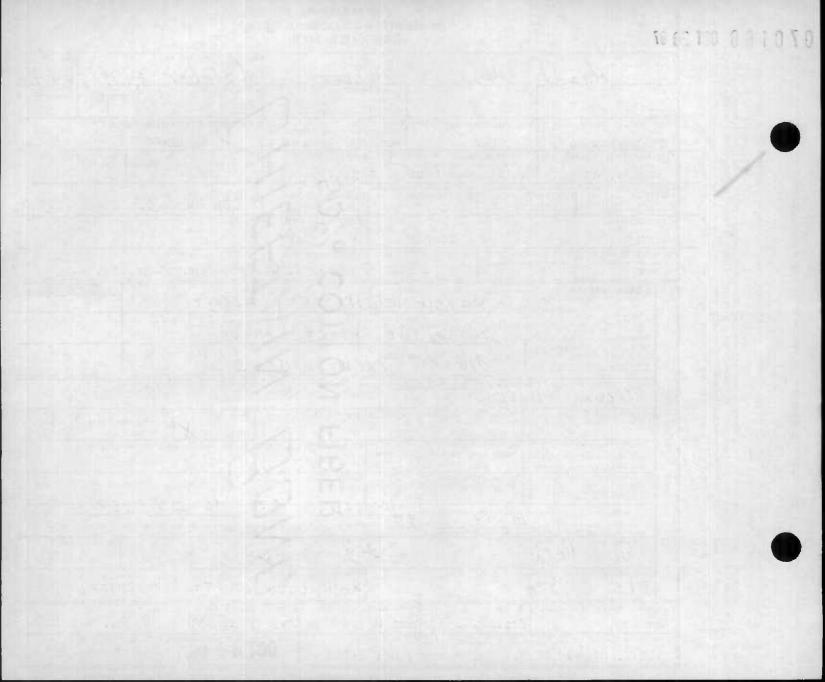
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2:	8	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYS	IENE S	0 0	7 1	
		PE OR PRINTI	FIRST /	May	NIDDLE 7	We	bber		MONTH DAY	1987 A	650 PM
ı	3 SE	Х	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY} IF	NUMER IN VEAR II	FUNDER JAHRS
		emale		white	2		st 30, 1902	85	YRS	INS. DAYS F	MIN.
1		RTHPLACE (STATE OR FORE COUNTRY) COUNTRY) COUNTRY)	EIGN 71	CITIZEN OF	vhat countr	Y? 8 MARRIEI WIDOWE	D NEVER MARRIED DIORCED	9 BALTIMORE CITY O	_	DEATH	
9	10 C	ITY OR TOWN OF DEATH	1 1	1. NAME OF H		SING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF HOUSEWIFE	ON F WORKING LIFE)	126 KIND OF E	BUSINESS OR
E	130 S	AL RESIDENCE (# NURSING STATE 13	b COUNT	THER INSTITUTION		ORE ADMISSION)		13e STREET ADDRESS 201 Nott		Road	21740
1		ATHER'S NAME FIRST  Larry	MI	DDLE	Yeage	er	15 MOTHER'S MAIDEN NAM	ME MIDDIE		LAST	
		WAS DECEASED EVER IN		ED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	55		
		no	IF TES, GIVE Y	WAR OR DATES	212 74	2348	George W. We	bber, Hager	stown,	Md.	
		18 CAUSE OF DEATH II PART I. DEATH WAS	Enter only CAUSED	one cause per BY CAUSE (a)	line for a), 16.	and ic	MIKATORT	ALKEST		APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  COLON CANCETE									
2	CERTIFICATION	190 DATE OF OPERATIO	N	196 CONDI	TION FOR WHIC	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	ERE FINDING G CAUSES OF	S USED F DEATH?
1		21a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH	21b. TIME OF HOUR A./	A. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 8 PART	C)R PART 21	
	MEDICAL	21d INJURY OCCURRED  WHILE AT WORK  AT WORK		21e PLACE C	OF INJURY	E FARM ETC )	211 LOCATION	CITY OR 10	wn	VINUO	TATE
		22a I certify that (I) (the saw the deceased abave, (I) (we) (did)	alive an	10 - 29	19	4	d that in (my) (aur) apinion o	ta	ite and hour an	d from the car	ut (II (we) last uses stated
		abave. (h (we) (did) (did nat) view the body after death.  22b SIONATURE  ROMA					ATTENDING PHYSICIAN	MEDICAL STAF	f IAN []	224 DATE SIG	GNED
		ELE	ROZ/				LASHHC TON			TITAL	
	23a E	BURIAL, CREMATION, REF	MOVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATION		LIMITY	. 14**
		urial		Oct.27			ven Cemetery	Hagerstov	m, Wash	i., Mar	yland
		UNERAL DIRECTOR 15 E. Wilson			ERAL HOI		1 11	RECD BY REGISTRAR	756 REGISTRAR	'S SIGNATUR	E

DHMH 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is marked an Item 18 shows any injury, an other traumatic event, the medical



## STATE OF MARYLAND DEPARTMENT O

AIL OI MARTLAND					
OF HEALTH AND MENTAL HYGJENE /	U	()	)	1	
TIFICALE OF DEATH	REG. NO				

	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0		•
		CEASED NAME FIRST	N	MODIE	1.7.1	AST		MONTH DAY	YEAR 2	b HOUR
4	9 8	Print Lester	B		WHI	EIZEL	-/	10-26	- 87	3 20 AM
	3 SEX	(	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY! IF II	NIFR YEAR	F NDER , a HRY
		Male	Wh	nite	- 1101411	ber 12 1899	87	YRS	Hh DATE	HCDUR'S MINI
4	70 BI	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8		9 BALTIMORE CITY O		DEATH	
K		Virginia	USA		WIDOWE	D NEVER MARRIED DIVORCED DI	Washing	ton		MD
	10 CI	TY OR TOWN OF DEATH	11. NAME OF H	IOSPITAL, NURSIN	IG HOME	R OTHER INSTITUTION	170 USUAL OCCUPATI	ION		BUSINESS OR
	M:	lliamsport	I I F PIOT IN SUCH	FACILITY, GIVE STREET	+ //	Ising Home	Mill To asle		Bowman	Bros
	USUA	AL RESIDENCE (IF NURSING HOME OF			ADMISSION)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Mill Work		DOWNER	DIOS.
		ryland Wash		William			13e STREET ADDRESS		01	21705
ą.		THER'S NAME	ington	W111 Adill	sport	YES X NO	154 North	Artiza	n st.,	21795
9			MIDDLE	LAST		EIRST	MIDDLE		LAST	
	-	James	L.	Whetze		Sarah	С,		Do	ve
1		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES GIV NO	MED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
		No		212-10-	3930	Charles Whet	zel, Mayo,	Marylan	d 211	06
		18 CAUSE OF DEATH Enter or	ly one couse per l	line for a , 1b one	dicti				APPROXIMA BETWEEN ON	SET AND DEATH
		PART I DEATH WAS CAUSE	TE CAUSE (D)	spiration	of	agstric Co	ntents			
	7	911		AS A CONSEQUE	NCE OF	J				
		Conditions, if any, which		Intesti		Obstruction	2			
		gave rise to immediate couse to stating the				20211401161	<u></u>			
Н		underlying cause lost	DUE TO, OR	AS A CONSEQUE	NCE OF					
		PART 2 OTHER SIGNIFICANT (	ONDITIONS CO	NTPIBUTING TO D	OF ATH BUT	NOT BELATED TO THE TERM	IN AL DISCUSS ON CONT	DITION COVEN		
	Z	TAKE OTTEK SION TEAN	.0110110113 <u>CO</u>	WIKIBOTING TO E	DE ATT	NOT RETAILED TO THE TERM	INAL DISEASE OR COIN	JIION GIVEN I	NPAKII	
	CERTIFICATION	19a DATE OF OPERATION	19h CONDI	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b IF YES, WE	EDE EINIDING	STIED
7	FIC		1.0 00.1011	normon vinien	O, EKATIO	TO THE OWNED		IN CERTIFYING		
4	I E	71a. ACCIDENT WAS UNDERLYING	7 21b TIME OF	The CHIEF		121 11014 111111111111111111111111111111	YES NO	YES		NO 🗌
,		OR CONTRIBUTING CAUSE OF DE		A. MONTH DA	YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	EY IN ITEM 8 PART	OR PAR 2	
1	CA	(IF EITHER NOTHY MEDICAL EXAMINER		۸.	19					
	MEDICAL	718 INJURY OCCURRED	21e PLACE C	FINJURY ET FACTORY OFFICE F	a Daa FYC i	21 LOCATION	CITY OF TO	WN	COUNTY	TATE
	~	AT WORK AT WORK			Nov.					
7		22a I certify that (II) (this hospi	tal attended the	deceased from_	41	13-5 19 86	to Oct	26 19	87 the	(we) lost
		sow the deceased of the an	gat.	19_2	37 . ar	d that in (my) jour) opinion o	leath accurred an the do	te and hour one	d from the car	uses stated
1		776 SIGNATURE 10	No.	A - A		DEGREE			220 DATE SIG	GNED
		- 104	HUR	MD		ATTENDING	MEDICAL STAF	F	10-76	-67
		228 PHYSICIAN'S NAME HAPE O	PRINT)		-	22e ADDRESS 15 801	DIRECTOR DE PHYSIC		10.50	0 (
		TILE	4.						r .	
-	22- 0	led k	170WC	Tea			, Maryland	20	832	
		URIAL CREMATION, REMOVAL Cremation	236 DATE			EMETERY OR CREMATORY	23d LOCATION		OUNTY	HTATE
				Ba	lt/Wa	sh. Crematory		P.(		Md.
	74 FU	INERAL DIRECTOR		40000		250 DATE	REC'D. BY REGISTRAR	756 REGISTRAR	SSIGNATUR	E

Barber Funeral Home, Laytonsville, Md. 20879

DHMH = 16 60M 7/B4 (VRA 15, 4)

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR			CEKITI	ICAIE OF DEATH	REG NO	
1 DECEASED NAME FIRST		WIDDLE		LAST		DAY YEAR 26 HOUR
(TYPE OR PRINT) Huber	t C	scar	W	ILLIAMS	October 12	,1987
3 SEX	4 RACE		5 DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER THEAR IF INDICE THRE
male	Type	hite	Oct 1	E. 8, 1916 AR	71 YRS	ME H DATE HE JE MIN
To BIRTHPLACE TATE OF FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
Maryland	U.S		WIDOW	ED DIVORCED	Washingt	on M
Hagerstown	(IF NOT IN SU	Rt. 10	ADDRESS)	or other institution	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF  Janitor	126 KIND OF BUSINESS OF INDUSTRY Truck Co.
USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CO		GIVE RESIDENCE BEFORE 13c CITY OR TOW Hagersto	N	134 INSIDE CITY LIMITS? YES \( \text{NO \( \text{X} \)	136 STREET ADDRESS / ZIP CODE Rt 10 Box 900	21740
FATHER'S NAME William	MIDDLE S.	William	S	15 MOTHER'S MAIDENNA FIRST Annie	WIDDIE	Whitmore
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS	
no		215-26-2	.076	Naomi Mary	Williams Hagers	town, Md.
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse pe	line for (a), (b , and	P	1	n_4_	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ATE CAUSE (a)	elleus U	deno	coreuser of	Necloun	112-16-82
	(c)		DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART TO
ZO 190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	170 COND	TION FOR WHICH	OPERATIO	WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
	BEATH HOUR A	DF INJURY M. MONTH DA M	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATIRE OF INJURY IN ITEM 18 P	AR' )R PARI,
OR CONTRIBUTING CAUSE OF B	21e PLACE (AT HOME ST	OF INJURY REET FACTORY OFFICE F	ARM ETC	71f LOCATION	TITY OR TOWN	COINTY
220 I certify that (1) (this has any the received alive to the first twe) (did) (and in the content of the cont		13 am 1 6	27	nd that in (my) (our) opinion	deoth occurred on the date and hou	19 d that () we) lo i and from the couses stated
The Signature Charles	E Ho	-0 m	9.	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-16 8?
Charles F	- Hes	s M.	*	Sm. this /	org me	
730 BURIAL, CREMATION, REMOVA	Oct.1	5,1987 Sto	Dufie:	r's Mennonite	ar I	
David Funefal	nome '	Smithe War	g, M.	250 194	REC D BY REGISTRAR 256 REGIST	RAR'S SIGNATURE

DHMH 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit aermst. Then please remove carban papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burnal, cremotian, or removal.

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or other traumatic event, the

IMPORTANT If Hem 21 is marked or Item 38 shows any injury.

ATTENDING PHYSICIAN The

TO HOSPITAL

(VRA 15, 4)

50 PANE RECO BY REGIST a Davidson-Adopte

TO SEED THE STATE OF THE which southful ...

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B Please		10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complement and the funeral director programs should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages I and extract be filled within 72 hours after deep with the State Deat of Health and Mental Hacene prior to buriol, cremotion, or removal	28 87
	Poge 4	director hours off	4 /
	fter death	he funero	thed or of
021201	haurs o	ed in by 1	A Hobe not
ARYLANI	within 2	8	Qmine km
AORE, M	executed	and com	redicolex
BALTIA	ficote be	physicion papers. P	ent, the m
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	eath cert	ttending i	umatic ev
W. PRE	that the d	by the a	r other tro
ORDS, 20	equires	en signed Then ple	vinjury. o
TAL RECO	The law	te hos be	shaws an
N OF V	YSICIAN	s certifica surial-trar Mental Hy	r Hem 18
DIVISIO	OING PH	After the	morkedo
	R ATTEN	RECTOR hed for us	tem 21 15
	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 metained by the hospital or attending physician.	10 FUNERAL DIRECTOR. After this certificate hos been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove corbanipape with the State Deat of Health and Mental Hyaiene prior to burial, cremotion, or removal.	IMPORTANT. If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examines making or once
	TO HO	should the	IMPOR

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DHMH 16 60M 7 84 (VRA 15 4)

1			STATE OF MA	KTLAND	74 75 75	
	1 - STATE TOWN MC	DEPAR C CANN WOLFE	TMENT OF HEALTH A	AND MENTAL HYGJEN OF DEATH		) ) -
l	REGISTRAR JOHN MC	J CAININ WOLFE	LASI		REG NO /	YEAR 26 HOUR
	ITYPE OR PRINTS	1 /1/0 Pas	W/11ncc	5	10 /20	187 1:23 A.
1		RACE	5 DATE OF BIRTH	6	AGE (IN YEARS LAST BIRTHDAY)	NOER YEAR IF INDER 21 HR
١	male (	Caucasian	MONH /	7 1930	(0 / YPS	ATH! DAY! HOUR! MIN
ł	78 BIRTHPLACE TATE OR FOREIGN 76 (	CITIZEN OF WHAT COUNTRY	Y? 8	VER MARRIED 9	BALTIMORE CITY OR COUNTY O	
	Maryland	U.S.A.	WIDOWED	DIVORCED [	Washington Count	MD
	10 CITY OR TOWN OF DEATH 11.	Washington Co			TO USUAL OCCUPATION  TYPE OF WORK FOR MOST OF WORKING HEE  Expediter	izh kind of Business or Industry Aircraft Co.
1	Hagerstown  OSUAL RESIDENCE (IF NURSING HOME OR OTH			Lai	Expediter	Aircraft Co.
	13a STATE 13b COUNTY Maryland Washin	13t CITY OR TO	WN 113d INS	IDE CITY LIMITS?	STREET ADDRESS / ZIP CODE 204 0 Toole Driv	ze 21740
1	14 FATHER'S NAME FIRST  Frank  K.	Wolfe	15 MOT	Rose	MIDDLE	Ic Cann
1	160 WAS DECEASED EVER IN U.S. ARMED		CURITY NO. 17 INFO	ORMANT	AD2045 O'Too	
	(YES NOOR UNKNOWN) (IF YES GIVE WA	216-14-	-6479 Eli	zabeth R. V		
	18 CAUSE OF DEATH (Enter only o PART I DEATH WAS CAUSED B)	one couse per line for of p.	ond //	21.	1. 11. 2. 2. 60	MATE INTERVAL ONSET AND DEATH
	IMMEDIATE C		Know.	racy on	Juli alone	ms.
1		DUE TO, OR AS A CONSEC	DUENCE OF	10	. /	
ı	Conditions, if ony, which gave rise to immediate	(b)		1	7	
1	couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEC	DUENCE OF	/		
1	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO	O DEATH BUT NOT WEL	TED TO THE TERMINA	al disease or condition given	IN PART La
	NO.					
1	19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS F	PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
4	71g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21r HC	OW IN ILIRY OCCURRED	YES NO YES	NO NO
		HOUR A.M. MONTH	DAY YEAR	JW HAJOKI OCCORNED	> LENIER AND WE CALIMITARY IN THEM IS ANY	ON PART 2
	OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY		CAJION	CITY OF TOWN	COUNTY
	WHILE NOT WHILE D	LAT HOME STREET FACTORY OFFIC	E FARM ETC)	K7 50	O A L	D'S
Ì	22a 1 certify that (1) (this hospital)		70/14	0 / 19 /	to	that I we last
	sow the deceased blive on above live did idid not	new the body ofter death	71	(m) (our) opinion dec	ath occurred on the date and hour o	
	776 SIGNATURE	- R116	DEGREE	CATENDING V	MEDICAL STAFF	10 /2 DATE SIGNED
+	224 RHYSTCIAN'S NAME CTYPE OR PR	DIN(1)	contra 1220 AS	DORESS	DIRECTOR PHYSICIAN	10/4/0/
	Charles R	. Chancy	mg	Hagersto	wn, Maryland	
				YOR CREMATORY Cemetery	123d LOCATION Hagerstown, Wash:	Juniy Many land
	24 FUNERAL DIRECTOR		gerstown, M			
	Andrew K. Coffman I			01	GT 27 1981	_

10/11/11/21				To est 700 (200)
		A CHANGE	- 1000	
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Diffit bylyn amen'u		A. 4. 11. 14.	Sagar Sauces	
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	A CANA	Company of	20 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	// // // // // // // // // // // // //	LL: August Service Conference Conference Conference		

NG PHYSICIAN The low requires that the attending physician.

ATTENDING

TO HOSPITAL

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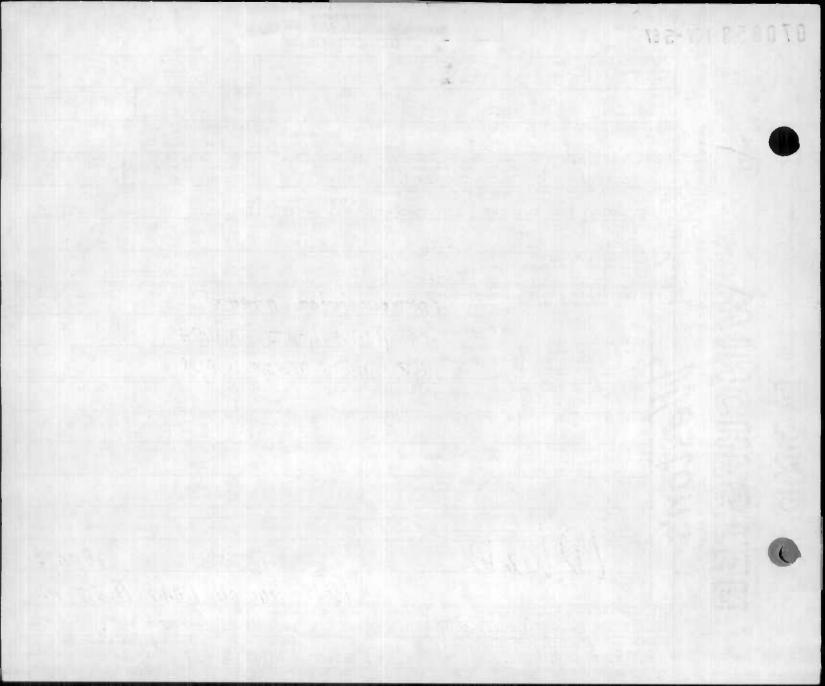
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ľ	JI 18	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
Ì		EASED NAME	FIRST	-	MIDDLE	l	AST			DAY YEAR	2b HOUR
١	(TYPE	OR PRINT) He	len	Rus	th	YEA	KLE	Octobe	er 28,	1987	M
Ì	3 SEX			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	
I	f	female		white		Dece	mber 17, 1912	74	YRS	MONTHS DATS	HOURS MIN.
1	To BIR	RTHPLACE ISTATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C			
ı		Pennsylvan	ia	USA		WIDOWE		Washi	ington		MD
1	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
		Hagerstown		Washing	gton Coun	ty Ho	spital	secretary			mobile
1	USU A 13a S	AL RESIDENCE (IF NURS	136 COUP		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
1		Maryland	Wash	ington	William	sport		Box 151A	Rou	ite 2	21795
	14 FA	THER'S NAME	D	WIDOLE	Cana 1		15. MOTHER'S MAIDEN NA	WE		(A	
4	16a \A	Jacob  /AS DECEASED EVER	D IN II S AR		Carl	RITY NO	Edith	ADDR	ESS	Carba	ugn
1	( Y	ES, NO OR UNKNOWN)		/E WAR OR DATES)	214-09-9		Berkley C. Y	eakle, Will	aimsp	ort, Me	d.
ľ		18 CAUSE OF DEAT	H (Enter or	nly one couse per	line for (a), (b), one	d (ch.)	7			BETWEEN	XIMATE INTERVAL LONSET AND DEATH
1		PART L DEATH W		D BY. TE CAUSE (0)	(A-12	DIOU	ASCULAR AT	WEST			
ı					R AS A CONSEQUE	NCE OF .		00 1.00			
1		Conditions, if any,		( (b)	(0)	NGES	The heart	FAILVICE			
ı		gave rise to imn couse (a), statin		DUE TO, O	R AS A CONSEQUE	NCE OF A	120 h	020020			
1		underlying cause	fast	(c)	(M)	EWI	HV16 NEAGA	DISCHIE			
1	-	PART 2 OTHER SIGN	VIFICANT	CONDITIONS <u>C</u>	DATRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 1	10
	OF I								Tank in the		
1	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI FYING CAUSE:	S OF DEATH?
4	RT	a	SERVING F	7 216 TIME O	S (NAMEDY		121- HOW INTURY OCCUPA	YES NO	YE		NO 🗌
		OR CONTRIBUTING	_	110110	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART I OR PART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDIC				19	211 LOCATION				
۱	MEC	WHILE NOT WE		21e PLACE	REET, FACTORY OFFICE F	ARM ETC )	STREET	CITY OR TO	)WH	COUNTY	STATE
1		AT WORK LAT WO	RK -		1					10	
ı		22a   certify that (1) saw the decease			e deceased from		nd that in (my) (our) opinion	death occurred on the d			that (I) (we) lost
1		Inhove, (1) (we) (c 17h SICNATUFE	did I did he	it view the bipdy	ofter death		DEGREE				ES/GNED.
		/ /	111	mock			ATTENDING PHYSICIAN I	MEDICAL STA	FF CIAN	10	128/82
٦		224 PHYSIC MAYS MI	AME HH	pe Pffiniti			22e ADDRESS	11 1	. 4.0	110	1
4						,	180 140	Well 120	!(X)	1711650	T MD
	230 B	URIAL, CREMATION, SPECIFY): Ourial	REMOVAL	Oct.31			emetery or crematory ven Cemetery	23d LOCATION CITY OF TOWN	7.772 T.1	Tach 1	Maryland
		INERAL DIRECTOR I	MATCL			ot na		E REC'D. BY REGISTRAN			
		415 E. Wil				Md		V 0 4 1087			. Randales -
П	_	TO D. WII	SOIL D	Tvu., III	agelstown	, IIII .	21/40   140	V U I 1307	0		

DHMH - 16 50M 1/81 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

W)	W	5	1	0
 				4

- 1	-h 0	REGISTRAR				CERTIFICATE OF DEATH			REG. NO			
1		EASED NAME	FIRS1		MIDDLE	l.	AST		20 DATE OF DEATH		AY YEAR	26 HOUR
	TYPE	OR PRINT)	Franci	ls M	illspagh	3	Yellott	Sr.	Oct	tober 7	, 1987	14 AM
ì	3 SEX	(		4 RACE		5 DATE C			6 AGE (IN YEARS LAST E	BIRTHDAY	IF LINDER YEAR	IF NOER . Free
1		Male		Wh	ite	Api	cil 27,	1928	59	YRS	ONTHE BATS	HCTORS MIN
d		RTHPLACE ( TATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	DE NEVER A	AARRIED T	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
l.	_	nnesota			.S.A	WIDOWE	D DN	ORCED	Washi	Lngton		MD
		Smithsbu	rg	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A Rt 2	ADDRESS)	OR OTHER INST	ITUTION	17a USUAL OCCUPA 11ype of work for most Plumber		INDUSTRY	Truck
	USUA 13a S	TATE Md.	136 COUN		GIVE RESIDENCE BEFORE	N	13d INSIDE C	TY LIMITS?	130 STREET ADDRESS	ZIP CODE	21783	
	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S				. 45	
2		Henry		W .	Yellot	t		France	es A.		Reis	sler
		AS DECEASED EN		MED FORCES?	220-18-3		Mrs. N		Yellott S		ırg, Md	•
Ì		18 CAUSE OF DE	ATH Enter on	ly one cause per	line for panible and	l te		1 0			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PARTI, DEATE	I WAS CAUSE	E CAUSE (a)	(crc	wo	na o	1 ju	ng		14	122-
1				DUE TO, O	R AS A CONSEQUE	NCE OF			1	0		)
1		Conditions, il a		(b)_							-	
1		cause at st	ating the	DUE TO, O	R AS A CONSEQUE	NCE OF						
1				(c)								
1	Z	PART 2 OTHER S	IGNIFICANT (	CONDITIONS <u>CO</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART I	o
1	CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		WERE FINDING CAUSES	
V		210 ACCIDENT WAS			FINJURY M. MONTH DA	Y YFAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF IN)	JURY IN ITEM 18 PAR	RT - OR PART 2	
1	CAL	OR CONTRIBUTING		NIN .		19						
ı	MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY	ARM ETC )	21f LOCATIO	N	I ITY OR I	TOWN	COUNTY	STATE
-		AT WORK AT	WHILE ORK						10	1-	67	
		saw the deci	eased ofive on		deceased fram 19	87.	nd that in (my)	(our) opinian	death occurred on the	date and have		that II (we last couses stated
-		276 SIGNATURE		1/1	A		DEGREE				224 DATE	SIGNED
	. ,	Jude	re /-	1 le	- 1	L	V.) 1	· ·	MEDICAL ST.	AFF ICIAN	10	19/42
		Fre de	NAME (TYPE O	R PRINT)	Cass III		1 8 2	1 /	well 1	vacl	1 Lega	THWN
		URIAL, CREMATIC	n, REMOVAL	236 DATE OCT	10,1987 S		emetery or co		23d LOCATION Smiths	burg, Wa	sh, Md.	JIATE
		avis fun	eral Ho	me Sm	ithsburg,	Md.		OCT	1 3 1987.	I GISTR		

PORTANT 8 hem 21 s

(VRA 15, 4)

DHMH - 16 60M 7/84